

PREPARED STATEMENT

BY

COLONEL (PROMOTABLE) LOREE K. SUTTON, MC, USA  
DIRECTOR,  
DEPARTMENT OF DEFENSE CENTER OF EXCELLENCE FOR  
PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY

BEFORE THE

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS  
COMMITTEE ON VETERANS AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES

APRIL 2, 2008

Mr. Chairman and distinguished members of the committee, thank you for your concern for our wounded warriors, especially those who have sustained ocular and vision impairment due to combat. As the Director of the newly established Defense Center of Excellence (DCOE) for Psychological Health and Traumatic Brain Injury, I have a strong interest in the creation and operation of the Ocular Center of Excellence due to the needed collaboration for those warriors who sustain ocular injury and vision impairment as a result of traumatic brain injuries.

The Department of Defense (DoD) is committed to providing excellence across the board in protection, prevention, diagnosis, treatment, recovery, and care transition for our military members and their families who sustain injuries or experience adverse health conditions as a result of the Global War on Terror. In accomplishing those objectives, we work hand-in-hand with our federal partners in the Department of Veterans Affairs (VA), the Department of Health and Human Services (HHS) and others, as well as public and private sector experts across the nation and around the world. For our DCOE, we gratefully acknowledge the funding support from Congress to assist us as we move forward in providing our military personnel and military families with the care and support they deserve.

Overall the Military Health System offers a continuum of care for medical specialties which encompasses:

- Resilience, prevention and community support services;
- Early intervention to reduce the incidence of potential health concerns;
- Deployment-related clinical care before, during and after deployment;
- Access to care coordination and transition within DoD/VA systems of care; and
- Robust epidemiological, clinical and field research.

In centers of excellence, these facets of the care continuum are integrated, and as a consequence, our patients receive more comprehensive and better coordinated care.

## **NDAAs 2008 Requirements for Vision Care**

Congress directed that the Department in collaboration with the VA plan for and establish a center of excellence that would build and operate the Military Eye Injury Registry. In fact, planning for that 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. Other registries are also underway within the Department including one for TBI. This registry once operational will track ocular and vision impairments associated with traumatic brain injuries.

In December 2007, DoD and VA sponsored a combined conference in San Antonio that focused on visual aspects of TBI, and DoD's tri-service consensus workgroup on Special Issues in mild TBI at medical treatment facilities included recommendations for visual screening for TBI patients. These recommendations currently are being staffed within the Department. On February 28, 2008 senior military health leaders met with their VA counterparts to discuss the concept and planning needed to establish an Ocular Center of Excellence. The general consensus was that the Ocular Center of Excellence should be a separate entity rather than combined with an existing center of excellence, but it must build strong collaborative relationships with the DCoE.

Moreover, Congress directed that the two Departments "conduct a cooperative program for members of the Armed Forces and veterans with traumatic brain injury by military medical treatment facilities ... and medical centers of the Department of Veterans Affairs ... for ... vision screening, diagnosis, rehabilitative management, and vision research, including research on prevention, on visual dysfunction related to traumatic brain injury." The plan for the Ocular Center of Excellence will include such a cooperative program, and the DCOE will collaborate with the Ocular Center on these efforts. Moreover, a key responsibility of centers of excellence is to find programs throughout medicine, regardless of where, that have proven to be successful; then determine whether these programs demonstrate "best-practices." If they are, details on how to operate these programs will be disseminated throughout military and veterans health systems.

## **DoD-VA Transition**

We must effectively establish a patient- and family-centered system that manages care and ensures a coordinated transition among phases of care and between healthcare systems. Transition and coordination of care programs help wounded warriors and their families make the transition between clinical and other support resources in a single location, as well as across different medical systems, across geographic locations, and across functional support systems, which often can include non-medical systems.

In terms of transition, we seek better methods to ensure provider-to-provider referrals when patients move from one location to another or one healthcare system to another, such as between DoD and VA or the TRICARE network. This is relevant most especially for our Reserve Component members.

Care coordination is essential for patients who may have multiple health concerns, multiple health providers and various other support providers. Frequently, they are unsure of where to turn for help. Proactively, the DCOE will offer accurate and timely information on benefits and resources available. Meanwhile, the Army and the Marines have established enhanced care coordination functions for their Warriors.

For psychological health issues and TBI, newly hired care managers will support and improve transition activities. The Marine Corps created a comprehensive call center within its Wounded Warrior Regiment to follow up on Marines diagnosed with TBI and Psychological Health conditions to ensure they successfully maneuver the healthcare system until their full recovery or transition to the VA. The Navy is hiring Psychological Health coordinators to work with their returning reservists, and the National Guard is hiring Directors of Psychological Health for each State headquarters to help coordinate the care of Guardsmen who have TBI or psychological health injuries or illnesses related to their mobilization. The other Reserve Components are looking closely at these programs to obtain lessons learned as they set up their own programs. These many programs for easing the transitions of our wounded warriors serve as examples to build upon or to replicate as the patient demand requires.

Information sharing is a critical part of care coordination. DoD and VA Information Management offices are working cooperatively to ensure that information can be passed smoothly and quickly to facilitate effective transition and coordination of care. These offices will play significant roles in the establishment of the Military Eye Injury Registry and the TBI registry. This one endeavor is vitally important to the continuum of care for all of our wounded warriors regardless of their injury or health condition.

## **Research**

Research and development provide a foundation upon which other programs are built. Our intent is to rely on evidence-based programs; our assessment identifies the need to develop a systematic program of research that will identify and remedy the gaps in knowledge. To that end, we have established integrated individual and multi-agency research efforts that will lead to improved prevention, detection, diagnosis, and treatment of deployment-related injuries and health issues.

At the DCOE, we will fund scientifically meritorious research to prevent, mitigate, and treat the effects of traumatic stress and TBI on function, wellness, and overall quality of life for Service members and their caregivers and families. Our program strives to establish, fund, and integrate both individual and multi-agency research efforts that will lead to improved prevention, detection,

diagnosis, and treatment of deployment-related Psychological Health problems and TBI. We will collaborate with the Ocular Center on research that examines ocular injury and vision impairments as a consequence of TBI. The importance of this collaboration rests in the “miracle” of vision. Our visual track passes directly through the center of the brain and the visual cortex is so highly organized and the process of composing "vision" is so complex that it is truly a miracle that we "see." With physical and cerebral compromise, our ability to make fine tracking motions, use the eyes in perfect tandem, binocularly fuse objects, converge, diverge, and focus in tandem with fusion and eye movement easily may be upset. One can imagine how severe TBI might upset such an equilibrium that allows us to work, read, and view the world in comfort. Most of these visual dysfunctions are related to the elements of binocularity and accommodation and how those independent systems work in tandem. With recovery of the brain and overall physical health, we hope that most of these dysfunctions will return to normal. But at this point "we do not know, what we do not know" consequently we have the compelling need for research and evidenced-based studies upon which we may base clinically sound programs.

## **Conclusion**

Mr. Chairman, distinguished members, thank you for caring and for understanding the needs of our Warriors and their Families. Thank you also for providing the resources and support to design and implement programs to meet these needs. The military Services with the Army taking the lead, in collaboration with experts from the VA and public and private sector, will bring about an Ocular Center of Excellence that will offer our wounded warriors the integrated care and rehabilitation they need and deserve. It is an honor and a privilege for me to work toward improving and maintaining the health of those whom we serve.