

**Not for Publication until released by
the House Armed Services Committee**

Statement of

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of the

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Introduction

Chairwoman Davis, Representative Wilson, distinguished Members of the Subcommittee, I am honored to be with you today to provide our perspectives on the Defense Centers of Excellence. Thank you for this opportunity and, more importantly, thank you for your leadership on this issue. Your vision and direction were instrumental in establishing, collectively, the Centers of Excellence. You provided us a solid foundation on which to build, and further support our responsibility and privilege to care for our Wounded Warriors and their families.

As our Wounded Warriors return from combat and begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We want them to mend in body, mind and spirit. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) was established to leverage the collective efforts of the Services by bringing together treatment, research and education in support of Psychological Health and Traumatic Brain Injury. In addition, DoD has been working to establish the three additional Centers of Excellence which Congress directed. These include: the Center of Excellence for Traumatic Extremities and Amputations; the Vision Center of Excellence; and the Hearing Center of Excellence. While we have made progress, I believe there is much more to do.

Since its inception in 2007, the DCoE has evolved to include six component centers: Defense and Veterans Brain Injury Center (DVBIC); Center for the Study of Traumatic Stress (CSTS); Center for Deployment Psychology (CDP); Deployment Health Clinical Center (DHCC); National Center for Telehealth and Technology (T2); and the National Intrepid Center of Excellence (NICoE). These centers represent an

impressive array of talent and resources. The current organizational construct provides that the DCoE currently reports to the Assistant Secretary of Defense (Health Affairs)/Director, TRICARE Management Activity.

Support from the Services, U.S. Public Health Service and the Department of Veterans Affairs has been evident, particularly in the area of staffing. We have assigned some of our most talented subject matter experts to the DCoE. In addition, Navy Medicine professionals - clinicians, researchers, educators and program managers - are working collaboratively with the DCoE staff to improve their important research, education and outreach efforts.

Progress

As first director of the DCoE, Brigadier General Loree Sutton has been a champion in leading this ambitious project, particularly during its initial phase. Her passion and drive with respect to integrating the component centers and fostering strategic partnerships with both public and private institutions has been most noteworthy. I am thankful to have her commitment, dedication, and enthusiasm at this important time in the evolution of the DCoE.

While there are several successes thus far, one of the notable achievements has been the development of the Real Warriors Campaign. Launched in May 2009, it confronts one of our most challenging issues – reducing the stigma surrounding Psychological Health and TBI. We know that this stigma is often a significant barrier to getting the care our Warriors need. We also know that this is an important leadership imperative. I continue to reiterate how important it is to recognize that asking for assistance is an act of strength, not weakness. The Real Warriors Campaign, with its

expansive multimedia outreach strategy, will continue to make progress in encouraging service members to seek treatment and access the resources they and their families need.

I am also encouraged by the work being conducted in support of TBI, both within the DCoE, its components, and in close coordination with experts within the Services. Our collaborative efforts in support of developing and providing advanced TBI-specific clinical guidelines, research, and education is critical to our ability to care for our Warriors suffering with TBI.

Challenges

I have often referred to our obligation to our Wounded Warriors and their families as a commitment measured in decades, not years. To meet our obligations, we must build supporting organizations for the long-haul and continuously adapt our practices to meet the emerging needs our patients. This is the bedrock of compassionate patient and family-centered care and why we must continue to act with a sense of urgency in supporting our Wounded Warriors. While we can be encouraged by the work of the DCoE thus far, I believe we are still in the nascent stages of what must be accomplished in order to meet the needs our Warriors. It is time to decide how to best leverage our efforts moving forward.

One area that requires careful assessment is the current organizational placement and reporting relationship of the DCoE to the Assistant Secretary of Defense (Health Affairs). Collectively, Military Medicine leadership must determine how to best maximize the operational efficacy of the DCoE and help facilitate their important synchronization efforts. As the principal advisor to the Secretary of Defense, ASD (HA)'s role is to develop healthcare policy in support of the Military Health System

(MHS). Correspondingly, the DCoE must be organized and aligned to provide for the efficient delivery of services to our clinicians, patients and families. Our goal must be to enable the DCoE to focus on its core competencies and operate efficiently with the necessary supporting command and control elements in place.

The initial placement reporting to ASD (HA) may have been appropriate in the early stages of development; however, we must now determine the organizational realignment decisions that best support the DCoE moving forward. ASD (HA), in concert with the Surgeons General, is in the process of considering alternative organizational models that will improve alignment and help support the DCoE mission. A careful assessment of funding, personnel, facilities, research support and partnerships must be completed. A component of any realignment, in addition to ensuring efficiencies, should support the priority of improved communication and collaboration with the Services, the Department of Veterans Affairs, and leading academic and research institutions.

Associated with review of options for DCoE realignment, there is consensus among the ASD (HA) leadership and the Surgeons General that the National Intrepid Center of Excellence (NICoE) - currently a DCoE component center - should be organized under the Commander, National Naval Medical Center (NNMC), and subsequently, Commander, Walter Reed National Military Medicine Center (WRNMMC), Bethesda. As a clinical entity, the model of NICoE being organizationally aligned in NNMC is consistent with the construct of the Center for the Intrepid (CFI) currently in place at Brooke Army Medical Center (BAMC) in San Antonio.

In addition, it would also be appropriate to consider options for how best to integrate and align the Center for Excellence for Traumatic Extremities and Amputations, Vision Center of Excellence and the Hearing Center of Excellence to support unity of effort and maximize efficiencies. Preliminary work is underway in support of the ASD (HA) plan to designate each of the Services with lead operational support responsibilities for one of these Centers: Navy – Vision Center of Excellence; Army – Center of Excellence for Traumatic Extremities and Amputations; and Air Force – Hearing Center of Excellence.

We can be proud of the work to date, but not satisfied. General Sutton and her staff have done an outstanding job in moving from a concept to implementation. Likewise, Colonel Donald Gagliano, as Director of the Vision Center of Excellence, is making significant progress and we in Navy Medicine are working closely with him to develop concept of operations. As their efforts have matured, the decision is now determining how to best support their work, improve our efficiencies for all the Centers of Excellence to sustain and enhance collaboration.

Way Ahead

I, along with my fellow Surgeons General and the ASD (HA) leadership are committed to ensuring that we build on the vision advanced by the Members of Congress and the hard work of the dedicated professionals at all the Centers of Excellence, MTFs, research centers and our partners in both the public and private sectors. These Centers of Excellence have become important components of the Military Health System and their work in support of clinical best practices, research, outreach and treatment must continue with unity of effort and our strong support.

On behalf of the men and women of Navy Medicine, I want to thank the Committee for your tremendous support, confidence and leadership. It has been my pleasure to testify before you today and I look forward to your questions.