

HARRY TEAGUE
2ND DISTRICT, NEW MEXICO



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WATER, RESOURCES AND ENVIRONMENT

VETERANS' AFFAIRS
ECONOMIC OPPORTUNITY

HEALTH

Congress of the United States
House of Representatives
Washington, DC 20515-3102

August 25, 2010

Major General M. Ted Wong
Commanding General, William Beaumont Army Medical Center
5005 North Piedras Street
El Paso, TX 79920

Dear General Wong:

On June 15, 2010, after media reports raised the issue of substandard care for traumatic brain injury (TBI) patients at Fort Bliss, I wrote to Fort Bliss expressing concern about what had been reported, relaying my expectation that we provide only the highest level of care for service members afflicted with TBI, and stating my intention to investigate the approach to and success of TBI care at Fort Bliss and across the military. I would like to thank you for Fort Bliss's willingness to respond to my written questions and meet with me in person concerning my investigation.

In addition to our interactions about TBI treatment, my inquiries on the matter included extensive discussion with private mental health and TBI care providers, with mental health and brain injury experts, and with service members and their families who had experienced TBI care at Fort Bliss. As a result of our interactions and the above inquiries, I have developed a series of concerns about the state of TBI care at Fort Bliss and a set of proposals for how the military should approach TBI care for its brain injury patients. I look forward to working with you and other officials at Fort Bliss and across the military to further scrutinize my ideas and, most importantly, improve Defense Department (DOD) and Department of Veterans Affairs (VA) TBI care so that no American who served his or her country is left wanting for the highest level of brain injury care.

It is my impression that the military provides an appropriately high level of care for TBI patients with moderate to severe injuries. This care includes concerted inpatient treatment at one of the polytrauma centers across the DOD and VA medical systems. However, I am concerned that Fort Bliss, and by extension the military, is not adequately identifying, assessing, and treating patients with mild to moderate TBI cases. Mild to moderate TBI is difficult to diagnose for several reasons. It can be confused with the symptoms of psychological conditions like post traumatic stress syndrome (PTSD) and depression and the effects of substance abuse. It can manifest and start to impact quality of life long after the initial injury is sustained. And, aside from a postmortem procedure, there is no reliable objective medical test that can physically identify minor brain injury in a patient. Misdiagnosis of or the failure to diagnose TBI greatly reduces the quality of a patient's life. Symptoms go unchecked and can be compounded by frustration and correspondent diminishing of psychological wellbeing.

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reduces the quality of a patient's life. Symptoms go unchecked and can be compounded by frustration and correspondent diminishing of psychological wellbeing.

Additionally, the high quality treatment of mild to moderate TBI requires an intensive and coordinated regimen of care and a full spectrum of resources and devoted medical personnel. Effective treatment for a patient exhibiting symptoms begins with a rigorous neuropsychological assessment and continues under the concerted care of team of medical professionals, working together under the direction of a case manager whose responsibility it is to coordinate a patient's care. Such a team should be comprised of a speech therapist, an occupational therapist, a physical therapist, a neuropsychologist, a doctor of rehabilitation medicine, a substance abuse counselor, and a social worker, among other necessary personnel. A course of care should be collaboratively discussed and decided upon between the medical professional, the patient, and the patient's family. Treatment should include a balance between restorative and compensatory care and a mechanism for consistent evaluation of health. The TBI patient should not be discharged from his or her course of care until the assigned group of medical professionals makes a decision that it's appropriate to do so.

I have the following concerns related to the treatment of TBI patients at Fort Bliss and across the military health system.

- The TBI program at Fort Bliss is not accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). While CARF accreditation is not mandatory, CARF accredited programs would ensure that our service members have access to the best TBI care.
- All service members with potential TBI cases should have access to comprehensive neuropsychological assessments to determine the extent of their injuries and the path forward for treatment. At Fort Bliss, they do not.
- Every TBI patient at Fort Bliss should be cared for by a multidisciplinary team of medical professionals with treatment coordinated by an assigned caseworker. The few service members who are referred to private facilities for care receive this high level of care. However, those who remain at Fort Bliss for care do not.
- TBI care at Fort Bliss is not provided and coordinated through a single facility. Although a building has been constructed for this purpose, it is not being utilized. Effective TBI care requires extensive coordination between medical professionals, and if their services are not housed in a single facility that coordination suffers or does not occur. Also, TBI patients exhibit symptoms that make pursuing care in a variety of different locations difficult.
- Because effective treatment for mild to moderate TBI must be rigorous and well coordinated, medical professionals can only handle a limited number of patients at one time. In the past year, Fort Bliss has screened 13,072 potential TBI cases, and 1,157 service members were diagnosed with TBI. I am concerned that Fort Bliss does not have

an adequate number of dedicated medical personnel to provide the highest level of care to over 1,000 TBI patients at a time.

Overall, I am concerned that only the “squeaky wheels” are getting the highest level of care because only those who speak out and express dissatisfaction about the quality of TBI care at Fort Bliss are referred to CARF certified private facilities that offer the full spectrum of TBI care. The ability to do more with less is one of the things that make the U.S. military the most effective fighting force in the world. However, doing more with less doesn’t work for healing people with traumatic brain injuries.

While the military possesses pockets of expertise and capability for identifying and treating TBI, I do not believe we adequately identify and treat the brain injuries of those Americans who served their country in combat.

To address these concerns, I have the following recommendations for action:

Short-term

- The military should develop a long-term strategy for achieving the highest level of care possible for its TBI patients.
- Fort Bliss, and other installations as appropriate, should triage care capability shortages by sending TBI patients to civilian clinics capable of providing higher levels of TBI care now.
- Fort Bliss and the military as a whole should begin to improve the level of care for TBI, including having TBI care providers coordinate more closely, ramp up the hiring of specialists needed for TBI care, and develop and communicate care plans for each patient.

Medium-term

- Ensure effective coordination of care between the DOD and VA when patients move from one system to the other.
- Improve care coordination between treatment for PTSD and treatment for TBI.
- Continue to refer patients to civilian care facilities for high level, coordinated treatment.
- Continue to improve the TBI assessment and care available to service members at US military installations and across the VA system.

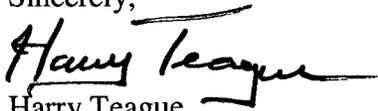
Long-term

- Every installation or location where service members and veterans are treated for TBI should have CARF certified programs for treating TBI cases. Such programs will feature robust staffing, coordinated and responsive programs of care, and full neuropsychological assessment, among other necessary improvements to the current level of TBI care.

I look forward to discussing my concerns and recommendations for action with you and your colleagues in the Department of Defense. Additionally, I plan to request a more comprehensive examination of TBI care across the DOD and VA systems by the Government Accountability Office, which has the resources and expertise to thoroughly examine my concerns and make recommendations for legislative action and administrative changes.

Our response to the epidemic of TBI among our service members and veterans should be overwhelming and unambiguous. The U.S. government should marshal every resource to treat and heal the invisible wounds of our current wars in Iraq and Afghanistan. I look forward to working with you and fighting to ensure only the highest level of care for TBI for our service members and veterans.

Sincerely,

A handwritten signature in black ink that reads "Harry Teague". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Harry Teague
Member of Congress