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PRESENTATION TO THE SUBCOMMITTEE ON MILITARY PERSONNEL  
COMMITTEE ON ARMED SERVICES  
UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: POST-TRAUMATIC STRESS DISORDER/TRAUMATIC BRAIN INJURY

STATEMENT OF:

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Chairman Coffman, Ranking Member Speier, and distinguished members of the Subcommittee, thank you for inviting me to testify before you today.

The most valuable Air Force assets are the men and women who operate and maintain the systems that enable our air, space, and cyberspace missions. As such, we have a duty to support, protect, and nurture those we work beside to ensure every Airman is capable of maximum performance in support of our national security objectives, and that no Airman suffers unnecessarily under the burden of disease.

Over the last decade, we have come to understand Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) as Invisible Wounds. While these wounds are not always visible to other people, they are not invisible for those who are suffering from them. These conditions impose significant challenges for the Airmen who have received these diagnoses. Accordingly, we remain focused on ensuring our Total Force Airmen receive world-class care from the point of injury or illness through their return to duty, separation, or retirement.

Despite our sustained high operational tempo, the rate of PTSD in Airmen has remained relatively low: the calendar year 2016 PTSD incidence rate was 6.8 per 1,000 active duty members, and the five-year average PTSD rate among active duty Airmen is 6.2 per 1,000 members, slightly higher than the 10-year average of 5.2 per 1,000 members. Aeromedical operational studies conducted by the US Air Force School of Aerospace Medicine from 2011 to 2017 reveal that 2 - 14% of Airmen meet mental health diagnostic criteria for PTSD. These studies found that the higher the exposure to battlefield trauma and violence, the greater the elevated risk. Of all active duty members who experienced combat exposure during deployment in 2016, a total of 25% received a diagnosis of PTSD.

While our overall rate of PTSD has remained low, we have seen gradually increasing numbers of Airmen with new diagnoses. This is not surprising given the sustained conflicts facing our nation and the increased awareness of mental health issues in our force, particularly regarding the importance of receiving treatment. As our ability to identify Invisible Wounds increases and mental health stigma decreases, we anticipate a continued increase in the rate of diagnosis of and treatment for these disorders.

Regardless of the origin of the injury, the Air Force remains committed to helping Airmen with PTSD and TBI through enhanced prevention messaging, improvements in early symptom recognition, and development of highly effective treatments. Our focus is on developing the most effective processes to help Airmen recover and return to full function, both personally and professionally.

Over the last 15 years, deployed mental health providers have been making advances in the field-based adaptation of evidence-based treatments for PTSD. These enhancements include combining therapeutic components in novel ways to meet operational demands and unique client attributes. This pioneering work has led to several testable models of PTSD treatment. One example is an evidence-based four-session protocol for treating PTSD in primary care clinics, which allows providers to deliver care to patients through a coordinated medical team. Another example is cognitive behavior therapy. This therapy focuses explicitly on traumatic memory processing, a form of treatment that has robust research support across numerous studies. In the area of treating Acute Stress Disorder, we continue to screen our Airmen for PTSD symptoms at various points in the deployment cycle and have improved resilience training for our Airmen prior to deployment. We are also working to implement additional in-theater screening for traumatic stress conditions to identify service members who may benefit from early intervention before they develop into PTSD.

Airmen in career fields at higher risk for developing PTSD receive targeted education and training on how to recognize PTSD symptoms and access available resources. In order to expand awareness, the Air Force is developing an educational initiative that will encourage early help-seeking and teach Airmen the skills necessary to more effectively identify and respond to members with PTSD and TBI.

In addition to the advances in care delivery that have been made over the last decade, the Air Force is committed to advancing the state of science to optimize treatment for members with Invisible Wounds. To that end, we are conducting several PTSD research trials with funding from the Defense Health Program's Psychological Health & Traumatic Brain Injury Research Program. This research is conducted in collaboration with the University of Texas Health Science Center in San Antonio, Texas, and involves world-wide recruitment of Air Force members with co-investigators at several Air Force installations. One focus area is a brief

therapy approach based on the use of written summaries of a patient's trauma. Another study will compare different lengths of treatment sessions associated with evidence-based psychotherapies. For example, one form of evidence-based treatment, Prolonged Exposure Therapy, employs repeated exposure to thoughts, memories, and other stimuli associated with a traumatic event. This treatment is typically delivered in 90-minute therapy sessions. However, researchers are exploring whether the same treatment can be delivered in 60-minute sessions with equal efficacy.

Another active research project underway is exploring the usefulness of in-home Cognitive Processing Therapy, which has been found to decrease PTSD symptoms through helping patients correct maladaptive thoughts that have developed as a result of traumatic exposure. Delivering this treatment in a self-directed home-based model may empower the patient while decreasing barriers to care that result from perceived mental health stigma. Research participants in all these studies include service members and veterans with combat-related PTSD.

The Air Force is also engaged in a Department of Defense double-blind study, funded by the Army Medical Research Acquisition Activity, on the use of stellate ganglion blocks for PTSD treatment. This form of treatment blocks nerve fibers at the base of the neck to decrease the "fight or flight" response and has the potential to reduce symptoms of PTSD related to emotional hyper-arousal.

For those Airmen in uniquely stressed career fields, the Air Force has successfully embedded Mental Health and Primary Care providers into select units such as explosive ordnance disposal, remotely piloted aircraft (RPA) and intelligence units. Over the last six years, operational support teams comprised of medical and/or behavioral health experts have been embedded in select locations to provide continuous, direct support with successful outcomes. Based on unit surveys completed during this period, there has been a decrease in suicidal ideation from 2% to 1%, a decline in medically significant psychological distress from 25% to 15%, and partner-relational problems are down from 75% to 23%.

In addition, under the Behavioral Health Optimization Program, known as BHOP, mental health clinicians have been integrated into all Air Force primary care clinics. This facilitates the

delivery of mental health care in a less stigmatizing environment for service members and their families, helping to provide “the right care at the right time in the right place.” Research on our BHOP has demonstrated marked improvement in reported symptoms, cost effectiveness, and primary care provider and patient satisfaction. The program’s demonstrated success has supported the rollout of this service to every Air Force medical treatment center and helped disseminate the practice, to justify bringing similar services throughout the DoD.

Air Force TBI rates also remain relatively low. The 5-year average TBI incidence rate among active duty Airmen is 0.5 per 1,000 active duty Airmen, slightly higher than the 10-year average TBI rate of 0.4 per 1,000 members. Of our TBI cases, the vast majority result from concussions, or mild TBIs, and are not combat related. Regardless of the cause, we are expanding our efforts to ensure our Airmen receive medical care for TBI. Accordingly, we identify deployed individuals with TBI symptoms upon their return from theater through the Post Deployment Health Assessment and Reassessment, with referral for additional care if and as indicated.

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the Defense and Veterans Brain Injury Center continue to serve as valuable partners in facilitating a combined effort between the Services, to develop clinical practice guidelines for providers. Additionally, the United States Air Force Academy is a participating site in the NCAA-DoD Grand Alliance, a large consortium of university and Service Academy athletic programs designed to advance concussion care research. Our clinical, research, and educational efforts are also closely coordinated with our sister Services through the TBI Advisory Committee, which consists of members from each Service as well as the Defense Health Agency.

Although most mild TBI care is appropriately delivered at the primary care level, the Air Force has specialized TBI clinics located at Joint Base-Elmendorf Richardson and the United States Air Force Academy. In addition, several premier referral centers are available for more complex cases to include the network of Intrepid Spirit Centers and the National Intrepid Center of Excellence for Psychological Health and Traumatic Brain Injury.

The Air Force is partnering across the force to better care for our Airmen and their families who have sustained Invisible Wounds. In 2016, the Under Secretary of the Air Force

appointed a Special Assistant to coordinate Service-wide efforts to identify and resolve gaps in care for Airmen with Invisible Wounds. The Air Force Medical Service is a full partner in this effort, taking the lead on implementing 16 proposed solutions and supporting other directorates on another 11 which collectively span areas involving education and training, culture, process, policy, and care delivery. Additionally, we have established an Interim Medical Review Panel at the Under Secretary's request to ensure those currently going through the Integrated Disability Evaluation System for Invisible Wound conditions have received proper, evidence-based care. These panels began reviewing cases in January of this year and are in the process of compiling their 90-day observations and recommendations for further review and action. From the outset, this program is being pursued as a Total Force initiative, in recognition of the selfless service of our Reserve Component Airmen, and the injuries they have suffered alongside our active forces in the performance of their duties. Our collective Air Force efforts will engage with, and meet the needs of, our Airmen along the entire continuum of care.

Another initiative under this collective work is the Air Force's establishment of an Invisible Wounds Center of Excellence at Eglin Air Force Base, Florida, which was modeled after the DoD's Intrepid Spirit Satellite Clinic. Scheduled to open in 2018, the clinic will focus on those with PTSD, TBI, and associated chronic pain conditions and will provide a range of multidisciplinary diagnostic, treatment and rehabilitation capabilities tailored to individual patient's needs. Besides serving the needs of those Airmen and families in the Eglin area, the facility will serve as both a referral and telemedicine hub for the region and the entire Air Force.

While the Air Force Medical Service is a vital partner in supporting our Airmen, this is truly a "Team Sport" involving multiple Air Force, DoD, VA, and external partners to fully meet the needs of our Airmen and their families. We ensure our members receive extensive information on veteran health care benefits through the Transition Assistance Program that consists of individually-tailored briefings and career guidance. Seamless care for members with PTSD and TBI is delivered through the transition initiative which assigns counselors to Air Force members to make sure they receive timely follow-on appointments in the VA system once they are no longer in active duty status.

In tandem with this effort is the Air Force's proactive veteran transition support through the Interagency Care Coordination Committee. The committee enables the successful transition

of service members and veterans who require complex care coordination between the DoD and VA through an integrated, interagency Community of Practice. Committee members have established DoD-VA interagency overarching guidance and ensure policies are congruent for delivering complex care, benefits, and services. The committee also strives to enable the use of a single, shared comprehensive plan for service members and veterans in need of complex care, benefits and services.

Many advantages will be realized from our effective treatment of PTSD and TBI. First and foremost, successfully treating these conditions eases the burden placed on our Airmen and their families, reducing distress and suffering, and improving resiliency and fitness. Second, effective management of these illnesses decreases the need for intensive support by units, commanders, supervisors and fellow Airmen, allowing these other individuals to devote greater focus to the readiness mission. Lastly, as affected Airmen recover, they themselves return to the fight, improving their sense of purpose and well-being and allowing them to contribute effectively to their unit's mission. These three results are synergistic, leading to positive improvements in the resiliency and readiness of Airmen with Invisible Wounds, their families, and their fellow Airmen.

Invisible Wounds affects lives and careers in many ways. We are therefore faithfully committed to providing the most effective prevention methods, research and treatment to support our Airmen with honor, dignity, and respect. I wish to thank the committee for its interest in this important topic, and for your ongoing dedication to the welfare of our Airmen, veterans, and their families.