

STATEMENT BY  
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Mr. Chairman, members of the subcommittee, and distinguished guests, as the Commander of the Darnall Army Community Hospital at Fort Hood, Texas, I want to thank you for the opportunity to discuss how we provide outstanding, quality health care to injured Soldiers at our hospital and seamlessly transition them to the Department of Veterans Affairs (VA) health care system when required.

BACKGROUND

Darnall Army Community Hospital is one of 10 medical facilities within the Great Plains Regional Medical Command. Earlier, you heard from Brigadier General Fox who is both the Commanding General of the regional medical command and Brooke Army Medical Center, which is our primary medical referral hospital.

The medical, psychological, social, and toll of war on Soldiers was most recently seen by the Army during our last major engagement, Desert Shield/Storm or Gulf War I. The current operational climate with Operation Noble Eagle (ONE), Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF) has led to Soldiers once again being medically evacuated to DoD medical facilities, such as Darnall Army Community Hospital, to provide the necessary health care these Soldiers need and deserve.

In early 2003, the Army developed the Deployment Cycle Support (DCS) program to support the successful reintegration of deployed Soldiers back into their homes. One of the new programs developed by the AMEDD to support this DCS initiative was the development of the Care Manager Program. The mission of this program is to insure that Soldiers coping with injuries, physical symptoms, or stress associated with war zone experiences are reconnected and reintegrated into the non-

combat environment. Services provided by the care managers include:

Needs assessment

Education

Assistance with marital/family issues

Support for family members before, during, and after deployments

Support groups (Combat injuries group)

Individual counseling

Advocacy

Help accessing health care

In providing these services, it became readily apparent to us that our care managers must interface with the VA. This is a vital component in providing direct services to Soldiers pending a medical separation from the Army and their families. Since implementation of the Care Manager Program in December 2003, the five Fort Hood Care Managers have assisted more than 1300 of 10,000 redeployed or demobilized Reserve Component (RC), National Guard (NG), and Active Duty Soldiers.

Since January 2003, Fort Hood has mobilized more than 12,000 RC/NG Soldiers in support of OIF. Approximately 4-5% of these Soldiers experienced injuries, manifestations of pre-existing medical conditions or aggravation of pre-existing medical conditions during their training phase at Fort Hood or at other state-side training centers. These RC/NG Soldiers then became Medical Holdovers (MHO) and did not deploy with their units. They are retained at Fort Hood, pending final determination of their fitness for duty. Our hospital has closely managed the MHOs through Case Managers who insure these Soldiers receive the appropriate medical appointment as determined by their physician. In our experience, approximately 45-50% of the MHO Soldiers have been medically separated from the Army and transitioned to the VA health care system. 7 April, 2004, Ft Hood has 89 MHOs undergoing medical separation from the Army.

In January 2004, we became aware that Walter Reed Army Medical Center (WRAMC) in Washington, D.C., had formed an integrated relationship with their local VA. This relationship led an improved, coordinated transition of the medical care for Soldiers from DoD to the VA health care system. Darnall Army Community Hospital immediately began coordination with the central Texas region Veterans Integrated System Network (VISN) to establish a similar effort embedding a VA liaison/counselor in our facility beginning in February 2004.

Concurrently, while Darnall Army Community Hospital was formalizing the relationship with the VA hospital in Temple, Texas, the Vet Center in Austin, Texas expressed an interest in establishing an early connection with Soldiers experiencing combat stress symptoms or post traumatic stress disorder. They requested to co-facilitate combat stress groups with mental health providers from Darnall Army Community Hospital and/or interview Soldiers who met the description described previously.

#### STATUS OF DARNALL ARMY COMMUNITY HOSPITAL/VA COORDINATION

A Social Worker from the VA medical facility in Temple, Texas, began work in the Department of Social Work at Darnall Army Community Hospital on the 17<sup>th</sup> of February 2004. The social worker provides bimonthly VA benefits briefings for the Soldiers' Processing Center on Fort Hood for departing military Soldiers. Additionally he meets with rear detachment reserve unit commanders assigned to Fort Hood to insure they are fully aware of the services he can provide their Soldiers.

The VA Social Worker is in routine contact with our MHO Case Managers to insure that appropriate VA referrals for Soldiers undergoing medical separation from the Army are completed. He coordinates with the VA medical personnel employed at the Thomas Moore Clinic on Fort Hood to receive these referrals from Soldiers seeking

enrollment in the VA health care system and to answer their questions.

The VA social worker works closely with the office conducting medical separations to schedule Soldiers for appointments for enrollment in the VA, provide information, and to ensure a seamless transition of medical services to the VA health care system is coordinated. This includes contacting the VA facility closest to the Soldier's home of record and making all initial appointments. The Soldier is also provided an individual point of contact to call if he/she has questions or needs an advocate to facilitate services in the VA system.

Since being assigned to Fort Hood on 18 Feb 04, the VA Social Worker has received 44 referrals from Darnall Army Community Hospital staff and our Care Managers. Many of these patients were severely injured and have complex medical and mental health problems. It is extremely vital to ensure follow-on needs are identified and coordinated with the VA before these Soldiers are released from active duty. Each VA facility has selected a POC to receive and expedite referrals and transfers to the VA for combat veterans needing clinical follow-up services. We coordinate with the VA staff to ensure a Case Manager is assigned to the veteran and their family to further coordinate the transition of care.

This process has addressed and greatly eliminated a shortfall we identified after Gulf War I. It ensures the Soldiers being discharged from the military for combat related injuries know exactly which VA facility will provide their follow on care and who their point of contact will be to call.

A Memorandum of Agreement has been drafted between Darnall Army Community Hospital and the Austin Veterans Center describing the conditions and responsibilities of both agencies in allowing a mental health counselor from the VA to co-facilitate groups and/or see individual patients at Darnall Army Community Hospital. This agreement is pending a signature from the VA. Once the MOA has been approved and the counselor from the Austin Veterans Center is credentialed to provide services within Darnall Army Community Hospital the coordinated counseling services will begin immediately.

## CLOSING

Mr. Chairman and members of the committee, I am committed to taking care of our Soldiers and providing them world class health care. I am also committed to ensuring there is a smooth transition from the DoD health care system to the VA health care system for our patients. Thank you for this opportunity to appear before you and thank you for your support of our Nations' veterans. I am available for your questions.