

Department of the Air Force

**Presentation to the Committee on Veterans' Affairs
Subcommittee on Health
United States House of Representatives**

Subject: Status of Military and VA Healthcare

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Good morning. I am Lieutenant Colonel Brian J. Masterson, Chief Information Officer and Staff Physician for Internal Medicine and Psychiatry at Wilford Hall Medical Center (WHMC). I previously served as Commander, Critical Care Squadron at WHMC. Mr. Chairman and Members of the House Committee on Veterans' Affairs, Subcommittee on Health, thank you for allowing me to appear before you today and offer my thoughts on military healthcare and Department of Defense (DOD)\Department of Veterans Affairs (VA) cooperation in the greater San Antonio area.

For nearly 11 years I have served as a staff physician and psychiatrist in the San Antonio area and have come to appreciate this as an ideal community for practicing and teaching medicine while delivering medical care in a cost effective and efficient manner. These world-class medical centers and research facilities combine efforts to offer a unique opportunity to share resources and improve the quality of health care for our military and civilian community. In addition to this unparalleled opportunity to share resources, San Antonio VA and military medical facilities play a key role in the preparation for deployment of troops as well as treatment of casualties returning from overseas.

Prior to deployment, our readiness squadron processes personnel deploying to any contingency, including Operations IRAQI FREEDOM (OIF) and ENDURING FREEDOM (OEF). Requirements for deployment are validated and matched against personnel assigned to a specific unit type code for skills. The individuals are screened for the 43 readiness indicators for deployment in the areas of administrative requirements,

training, medical and dental fitness. To date, there have been no errors and no need to remove a Lackland AFB member from the theaters of operations. The lowest Disease Non-Battle Injury rate in history, four percent during OIF, as compared to six percent in Operation DESERT STORM, clearly demonstrates the success of screening, aggressive public health and safety initiatives in theater.

Personnel returning from a deployment are required to process through Air Force Public Health before they begin their rest and reconstitution leave. Approximately 840 personnel have been processed during 2003. To ensure the screening is conducted on all personnel, the local Finance Department will not process travel vouchers for leave until this requirement has been met. Additionally, the military members' medical records are reviewed to ensure a Post Deployment Health Assessment Survey (PDHAS), (DD Form 2796), was completed in theater. If not, one is completed during processing and the member is scheduled for an appointment with their Primary Care Manager (PCM). This accounts for a 100 percent capture of required information. The PDHAS requires the member to be seen by a health care provider. If follow-up or individual concerns need to be addressed, the member is scheduled for an appointment prior to leaving the Public Health processing site. The PCM will address the individuals' responses on the PDHAS; information collected includes medical, mental or psychosocial health, special medications taken, environmental or occupational exposures occurring during the deployment. A post deployment blood sample is drawn and forwarded to the DoD Serum Repository.

Post-deployment follow-up care for Guard and Reserve personnel released from active duty is coordinated through their units' and/or a VA medical facility. Members

requiring immediate or extensive evaluation are retained on active duty, with the members' consent, pending resolution of the medical condition.

During calendar year 2003, and to date in 2004, the 59th MDW provided Aerovac reception for 609 OEF and OIF patients. WHMC treated 127 patients and arranged care for 482 with other branches of the Armed Services. We are working closely with our VA points of contact to ensure the patients are fully aware of all their VA benefits. For those patients who may be transitioning from DoD health care to VA health care, we're committed to ensuring they'll have access to all their VA benefits and services. One example is a USMC Corporal who experienced a cervical spine facet fracture and is undergoing pain management and convalescence at home. He is awaiting a 3-month follow up evaluation to see if he will return to duty. A second example is a Senior Airman, an activated reservist, who has developed a chronic pain syndrome and Reflex Sympathetic Dystrophy from a foot injury in Afghanistan. Due to the debilitating nature of the pain, he will have a medical board to determine the return to duty status. We are awaiting the medical documentation from private local providers in the Dallas area.

In summary, I have been involved with the post DESERT STORM surveillance program as Clinical Director at WHMC and later provided oversight as Chief of Clinical Medicine at Headquarters Air Force Education and Training Command (AETC). I can attest that the lessons learned from the comprehensive clinical evaluation program, a retrospective analysis of post gulf war syndrome, have been successfully implemented. This is demonstrated by the effectiveness of pre- and post-deployment surveys and screenings as well as aggressive public health and safety initiatives in theater.

Mr. Chairman, I am convinced the continuation of asset and knowledge sharing between the United States Air Force, Army and VA in San Antonio, Texas will strengthen our system for providing medical services and ensure our service men and women receive the best care in the entire spectrum of the Federal health care system. Thank you for allowing me to appear before your subcommittee.