



PERSONNEL AND  
READINESS

**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

**JUN 16 2020**

The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to Senate Report 116-103, page 241, accompanying S. 2474, the Department of Defense (DoD) Appropriations Act, 2020, regarding National Intrepid Center of Excellence (NICoE) Strategic Basing, is enclosed. The report describes existing DoD and Department of Veterans Affairs (VA) clinical care capabilities to evaluate, treat, and rehabilitate Service members, eligible beneficiaries, and veterans with traumatic brain injury (TBI). It also summarizes DoD and VA coordinated efforts, as well as collaborations with public and academic partners, to expand access to TBI-related services and further enhance TBI care, research, and education across the DoD and VA.

Based on a review of current TBI programming, including access to and utilization of DoD and VA programs, establishment of a joint NICoE Intrepid Center is not warranted at this time. The DoD and VA will continue to monitor access to these programs and will work to improve resource sharing and provision of necessary TBI specialty care for Service members and veterans.

Thank you for your continued support for the health and well-being of our Service members, veterans, and their families. I am sending identical letters to the other congressional defense committees.

Sincerely,

//Signed//

Matthew P. Donovan

US Under Secretary of Defense for P&R

Enclosure:  
As stated

cc:  
Acting Deputy Secretary of Veterans Affairs



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**JUN 16 2020**

The Honorable Jack Reed  
Ranking Member  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Senator Reed:

The Department's response to Senate Report 116-103, page 241, accompanying S. 2474, the Department of Defense (DoD) Appropriations Act, 2020, regarding National Intrepid Center of Excellence (NICoE) Strategic Basing, is enclosed. The report describes existing DoD and Department of Veterans Affairs (VA) clinical care capabilities to evaluate, treat, and rehabilitate Service members, eligible beneficiaries, and veterans with traumatic brain injury (TBI). It also summarizes DoD and VA coordinated efforts, as well as collaborations with public and academic partners, to expand access to TBI-related services and further enhance TBI care, research, and education across the DoD and VA.

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**JUN 16 2020**

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to Senate Report 116-103, page 241, accompanying S. 2474, the Department of Defense (DoD) Appropriations Act, 2020, regarding National Intrepid Center of Excellence (NICoE) Strategic Basing, is enclosed. The report describes existing DoD and Department of Veterans Affairs (VA) clinical care capabilities to evaluate, treat, and rehabilitate Service members, eligible beneficiaries, and veterans with traumatic brain injury (TBI). It also summarizes DoD and VA coordinated efforts, as well as collaborations with public and academic partners, to expand access to TBI-related services and further enhance TBI care, research, and education across the DoD and VA.

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**JUN 16 2020**

The Honorable William M. "Mac" Thornberry  
Ranking Member  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Thornberry:

The Department's response to Senate Report 116-103, page 241, accompanying S. 2474, the Department of Defense (DoD) Appropriations Act, 2020, regarding National Intrepid Center of Excellence (NICoE) Strategic Basing, is enclosed. The report describes existing DoD and Department of Veterans Affairs (VA) clinical care capabilities to evaluate, treat, and rehabilitate Service members, eligible beneficiaries, and veterans with traumatic brain injury (TBI). It also summarizes DoD and VA coordinated efforts, as well as collaborations with public and academic partners, to expand access to TBI-related services and further enhance TBI care, research, and education across the DoD and VA.

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**JUN 16 2020**

The Honorable Richard C. Shelby  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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**JUN 16 2020**

The Honorable Richard J. Durbin  
Vice Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Senator Durbin:

The Department's response to Senate Report 116-103, page 241, accompanying S. 2474, the Department of Defense (DoD) Appropriations Act, 2020, regarding National Intrepid Center of Excellence (NICoE) Strategic Basing, is enclosed. The report describes existing DoD and Department of Veterans Affairs (VA) clinical care capabilities to evaluate, treat, and rehabilitate Service members, eligible beneficiaries, and veterans with traumatic brain injury (TBI). It also summarizes DoD and VA coordinated efforts, as well as collaborations with public and academic partners, to expand access to TBI-related services and further enhance TBI care, research, and education across the DoD and VA.

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The Honorable Peter J. Visclosky  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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**JUN 16 2020**

The Honorable Ken Calvert  
Ranking Member  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Calvert:

The Department's response to Senate Report 116-103, page 241, accompanying S. 2474, the Department of Defense (DoD) Appropriations Act, 2020, regarding National Intrepid Center of Excellence (NICoE) Strategic Basing, is enclosed. The report describes existing DoD and Department of Veterans Affairs (VA) clinical care capabilities to evaluate, treat, and rehabilitate Service members, eligible beneficiaries, and veterans with traumatic brain injury (TBI). It also summarizes DoD and VA coordinated efforts, as well as collaborations with public and academic partners, to expand access to TBI-related services and further enhance TBI care, research, and education across the DoD and VA.

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Acting Deputy Secretary of Veterans Affairs



# Report to Congressional Defense Committees



## National Intrepid Center of Excellence Satellite Strategic Basing

June 2020

**In Response To:** Senate Report 116–103, page 241, accompanying S. 2474,  
Department of Defense Appropriations Act, 2020

The estimated cost of this report for the Department of Defense (DoD) is approximately \$1,100.00 for Fiscal Year 2020. This includes \$0.00 in expenses and \$1,100.00 in DoD labor.

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## **I. PURPOSE**

This report is in response to Senate Report 116–103, page 241, accompanying S. 2474, Department of Defense (DoD) Appropriations Act, 2020, which requests that the DoD, in coordination with the Department of Veterans Affairs (VA), provide a report to the congressional defense committees, no later than 180 days after enactment of this act, on the value and merit of establishing a joint National Intrepid Center of Excellence (NICoE) Intrepid Spirit Center that serves both active duty and veteran populations for their mutual benefit and growth in treatment and care.

## **II. NATIONAL INTREPID CENTER OF EXCELLENCE**

The NICoE is located on the Naval Support Activity, Bethesda, as part of the Walter Reed National Military Medical Center (WRNMMC). It opened in June 2010 and became a directorate within WRNMMC in 2015. The NICoE is part of the WRNMMC and Military Health System Traumatic Brain Injury (TBI) Pathway of Care. This Center of Excellence (CoE) was developed with the mission to advance treatment, research, and education in the areas of TBI and neurological and psychological health. In fiscal year (FY) 2019, 19,529 active duty Service members were newly diagnosed with their first lifetime mild TBI. This program incorporates several different models of care in the treatment of Service members and other eligible beneficiaries struggling with TBI, to include routine outpatient specialty care, inpatient consultation, and a 4-week Intensive Outpatient Program (IOP).

## **III. DEPARTMENT OF DEFENSE INTENSIVE OUTPATIENT PROGRAM**

The IOPs provide a thorough means to assess an individual with TBI and ongoing symptomatology. Service members and veterans with TBI often have other co-morbid diagnoses that complicate treatment and recovery, to include posttraumatic stress disorder, depression, anxiety, pain, and sleep disorders. Team-based evaluations at IOP sites provide an opportunity to explore how co-morbid diagnoses may be contributing to symptoms (e.g., cognitive symptoms may be due to a variety of contributing factors including history of head trauma, depression, anxiety, and sleep disorders).

Service members under care at the NICoE receive comprehensive evaluations and treatment trials prior to discharge from the 4-week IOP. They return to their primary duty station with an inclusive treatment plan for implementation by their local military medical treatment facility (MTF). The Service member must work with the home MTF to implement these recommendations while resuming regular duties at home and work. Success of the IOP hinges on the necessary supports and services for the individual following transition to home.

In collaboration with the NICoE, the Intrepid Spirit Centers (ISCs), currently at eight locations with two more planned across the country, offer IOPs for Service members with a history of TBI and current symptomatology. These centers form the Intrepid Spirit Network (ISN) and include

Fort Belvoir, Virginia; Fort Hood, Texas; Fort Bragg, North Carolina; Fort Campbell, Kentucky; Joint Base Lewis-McChord, Washington; Camp Pendleton, California; Camp Lejeune, North Carolina; and Eglin Air Force Base, Florida.

These IOPs utilize an interdisciplinary care model to comprehensively evaluate and provide medical and rehabilitative treatment to Service members, their families, and occasionally veterans who have experienced TBI with ongoing symptomatology. IOPs provide specialized services several hours a day over four or more weeks.

In addition to these centers, the Defense Health Agency and the Military Departments have a network of 76 TBI-treatment capable MTFs providing inpatient and/or outpatient care across the United States, Europe, and Asia corresponding to Service member concentrations. The level of care provided at these locations is commensurate with the needs of the populations served and availability of local VA and civilian partners. Many of these locations have similar clinical care capabilities as the NICoE and ISN, and several sites have inpatient TBI resources. The capacity of the system is vast.

#### **IV. VETERANS HEALTH ADMINISTRATION INTENSIVE EVALUATION AND TREATMENT PROGRAMS**

The VA Veterans Health Administration (VHA) provides Intensive Evaluation and Treatment Programs (IETPs) for veterans and Service members with TBI-associated injuries within the VHA Polytrauma System of Care (PSC). Inpatient and outpatient settings offer these IETPs, which range from 4 to 12 weeks, based on individualized evaluation and treatment needs. Dedicated, interdisciplinary teams provide integrated rehabilitation and mental health services focused on reintegration and restoration of function.

Established in 2005, the PSC is a nationwide integrated network of specialized programs for the treatment and rehabilitation of veterans and Service members with TBI and polytrauma. The PSC balances access and expertise to provide specialized TBI and polytrauma care at locations across VA medical centers. There are five Polytrauma Rehabilitation Centers (PRCs) located at VA Medical Centers in Richmond, Virginia; Tampa, Florida; San Antonio, Texas; Palo Alto, California; and Minneapolis, Minnesota. These VHA CoEs provide regional expert inpatient, outpatient, and residential TBI and polytrauma rehabilitation, including IETPs. Twenty-three network sites across Veterans Integrated Service Networks and polytrauma clinic teams at an additional 90 facilities provide inpatient and outpatient TBI evaluation and rehabilitation programs. Designated clinicians across another 33 VA facilities provide holistic individualized TBI care and further expand the reach of the PSC across the VA. A key element to enhance long-term outcomes and mitigate any ongoing effects of brain trauma is the need for comprehensive, life-long care by consistent primary health care providers with access to veteran-centric specialists. This state of the science-integrated model within the PSC offers veterans mental health, pain management, and holistic medicine, in addition to brain injury medical specialists and primary care providers.

The PSC provides expert clinical services for veterans with TBI as close to their home as possible, and is expanding virtual care and telehealth delivery to enhance access. The VA monitors access to care, including the ability for rural veterans to access TBI services. In FY 2019, 85 percent of all new veterans treated in a TBI clinic received care within 30 days of their preferred date, with comparable results for both rural (83 percent) and highly rural (81 percent) veterans.

**V. VALUE AND MERIT OF ESTABLISHING A JOINT NICOE INTREPID SPIRIT CENTER**

The NICoE and VA PSC leadership reviewed current TBI programming, including access and utilization, to determine the value of developing a new joint program. Analyses included verification of the inventory of intensive programs currently offered, their distribution, and the numbers of Service members and veterans served in these programs. The DoD ISN currently offers IOPs at 11 locations nationwide including the NICoE, 8 ISCs, and the 2 locations pending construction and receipt of final ISC designation: Fort Carson, Colorado and Fort Bliss, Texas (listed below). The VHA offers intensive TBI evaluation and treatment programming at five PRC locations (listed below).

<b>DoD IOPs</b>	<ol style="list-style-type: none"> <li>1. Bethesda, Maryland (NICoE)</li> <li>2. Fort Belvoir, Virginia</li> <li>3. Fort Hood, Texas</li> <li>4. Fort Bragg, North Carolina</li> <li>5. Fort Campbell, Kentucky</li> <li>6. Joint Base Lewis-McChord, Washington</li> <li>7. Camp Pendleton, California</li> <li>8. Camp Lejeune, North Carolina</li> <li>9. Eglin Air Force Base, Florida</li> <li>10. Fort Carson, Colorado (to be built)</li> <li>11. Fort Bliss, Texas (to be built)</li> </ol>
<b>VA PRCs</b>	<ol style="list-style-type: none"> <li>1. Richmond, Virginia</li> <li>2. Tampa, Florida</li> <li>3. San Antonio, Texas</li> <li>4. Palo Alto, California</li> <li>5. Minneapolis, Minnesota</li> </ol>

In FY 2019, the NICoE and ISN treated 748 Service members, and the VA treated 114 individuals in these intensive programs, of which 89 of the 114 (78 percent) were active duty Service members. Additionally, in FY 2019, the NICoE and ISN provided outpatient care to approximately 5,327 Service members; MTFs served an additional 19,146 Service members; and the VHA treated 43,951 unique veterans in outpatient TBI clinics.

The DoD and VA work in a coordinated effort to ensure each Service member and veteran who

requires services has access to specialized TBI programming, including IOPs and IETPs, regardless of where the individual is located.

The DoD collaborates with the VA and academic institutions offering required TBI services within geographic proximity of Service members' duty assignments. The VA also collaborates with public and academic partners to improve access to TBI-related services for Veterans. Collaborative programs have included the Wounded Warrior Project's Warrior Care Network (Road Home, Rush University, Chicago, Illinois; Home Base, Massachusetts General, Boston, Massachusetts; Operation Mend, University of California, Los Angeles, California; and Veterans Program, Emory University, Atlanta, Georgia), and the Marcus Institute for Brain Health/University of Colorado, Aurora, Colorado. These collaborations offer intensive evaluation and treatment programs for veterans with TBI and comorbid conditions, further expanding access to these services. Collaborations including, but not limited to, the Defense and Veterans Brain Injury Center, the National Institute for Disability, Independent Living and Rehabilitation Research TBI Model Systems Research Program, and the National Endowment for the Arts Creative Forces Network further enhance TBI care, research, and education across the DoD and VA.

## **VI. CONCLUSION**

The DoD and VA offer IOPs and appropriate TBI-related services to Service members and veterans with TBI and ongoing symptoms. At present, the supply of IOPs meets existing demand. Based on a review of current TBI programming, including access to and utilization of DoD and VA programs, there is neither value nor merit that supports establishment of a joint NICoE Intrepid Center at this time. The DoD and VA will continue to monitor access to these programs and will work to improve resource sharing and provision of necessary TBI specialty care for Service members and veterans.