CHAPTER 12

"Ahead to the Vanguard of Military Medicine: The Development of the Department of Defense's Centers of Excellence for Psychological Health and Traumatic Brain Injury"

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The United States Department of Defense's medical Centers of Excellence were formed as a response to modern war's increasing complexity and magnitude. They descended from the nation's commitment to healthcare, advancements in science, medicine, and technology, greater calls for efficiency, and from civilian demands for improved servicemember and veteran care.[1] Following World War II, the executive branch's push to create a single, unified, Department of Defense [DoD] placed the U.S. Army, Navy, and newly formed Air Force within a single department to improve efficiency, communication, and coordination across the U.S. military branches of service. Not long thereafter, the DoD created combat support agencies. These centralized planning bodies were to unify support across the U.S. military branches of service. Congress's push for military health system reform led the Department of Defense to establish its first medical combat support agency in 2013, the Defense Health Agency [DHA]. The DHA arrived shortly Congress had also mandated the creation of several DoD medical Centers of Excellence [CoE] in 2008 and 2009. Following the DHA's creation, DoD CoEs began to organizationally realign under the DHA. These CoE's were originally a part of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury [DCoE]. Notably, DCoE included a psychological health CoE, the Deployment Health Clinical Center [DHCC], and a traumatic brain injury CoE, the Defense and Veterans Brain Injury Center [DVBIC]. Though Department of Defense Centers of Excellence differ in their medical charge, all were tasked with exponentially advancing

* The views, opinions, and/or findings contained in this chapter are those of the author(s) and should not be construed as an official Department of Defense position, policy or decision.

1 The Department of Defense and the U.S.'s military branches of service possess "Centers of Excellence" unrelated to medicine (e.g., The Maneuver Center of Excellence). This chapter's use of the term is solely in reference to medical Centers of Excellence.

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military health research and care as well as improving quality of life for service members, veterans, and their families.

By 2008, the prevalence of servicemember and veteran head trauma and psychological injury in the Global War on Terror [GWOT] collided with public attitudes concerning the quality of healthcare received.[2] The United States maintained an all-volunteer military whose total force structure remained steady at roughly 1.5 million since beginning combat operations in Afghanistan and Iraq in 2001 and 2003, respectively. Against the backdrop of committing fewer than one percent of its population to the longest war in U.S. history, multiple deployments rose sharply.[3] Concomitant with continuous training and the rise in number of deployments, servicemembers experienced increased instances of psychological and head trauma.[4] Afghanistan saw the mass use of improvised explosive devices. Suicide bombers struck in both Iraq and Afghanistan. Advancements in combat armor, helmets, and battlefield medicine increased combat survivability, yet these explosives continued to wound, maim, and cause trauma. Servicemember and veteran psychological injury and head trauma became so prevalent that both injuries gained the moniker

2 For the purposes of this chapter, servicemember refers to those persons serving in the U.S. Armed Services. See: Servicemembers Civil Relief Act, U.S. Code 50 (1940), §511, https://www.law.cornell.edu/uscode/html/uscode50a/usc_sec_50a_00000511----000-.html. (Last access, June 16, 2017). U.S. veterans are persons who served in the active military, naval, or air service and who were discharged or released under conditions other than dishonorable according to Department of Veterans Affairs. Department of Veterans Affairs, "Health Benefits: Veterans Eligibility," Veterans Health Administration. Updated April 30, 2018. https://www.va.gov/healthbenefits/apply/veterans.asp. (Last access, June 16, 2017).

3 "Between September 2001 and December 2008 (the time period considered in the initial analysis), 69,000 soldiers had spent between 25 and 36 months cumulatively deployed. As of December 2011, in comparison, there were 95,000 soldiers who fit this description." Dave Baiocchi, *Measuring Army Deployments to Iraq and Afghanistan* (Santa Monica, CA: RAND Corporation, 2013). Accessed June 16, 2017. http://www.rand.org/content/dam/rand/pubs/research_reports/RR100/RR145/RAND_RR145.pdf.

4 For the purposes of this chapter, "head trauma" and "traumatic brain injury" [TBI] are used interchangeably. As of this writing, there is no nation-wide uniformity in the vernacular for brain trauma. For instance, the military and civilian healthcare system favors "traumatic brain injury;" this term saw increasing use beginning in the eighties and nineties. Americans are far more familiar with the term "concussion," which is used by most major televised U.S. sports such as the National Football League. For instance, within the NFL's Head, Neck, and Spine Diagnosis and Management Protocol, the protocol states "sports related concussion ("SRC") is a traumatic brain injury induced by biomechanical forces." *NFL Head, Neck, and Spine Committee's Concussion Diagnosis and Managment Protocol*, https://www.playsmart-playsafe.com/wp-content/uploads/2018/08/nfl-concussion-protocol-2018.pdf. (Last access, September 9, 2018).