



TESTIMONY OF THE WOUNDED WARRIOR PROJECT

BEFORE THE

PERSONNEL SUBCOMMITTEE OF THE SENATE COMMITTEE

ON ARMED SERVICES

APRIL 16, 2008

Mr. Chairman, Senator Graham, Members of the Committee, thank you for the opportunity to testify before you today regarding the needs of our nation's most recent generation of wounded servicemembers. My name is Meredith Beck, and I am the National Policy Director for the Wounded Warrior Project (WWP). As a result of our direct, daily contact with this most recent generation of wounded warriors, we have a unique perspective on their needs and the obstacles they face as they attempt to reintegrate into their communities.

Case Management:

As many of our families state that they need a case manager to manage their case managers, WWP was pleased that the Senior Oversight Committee (SOC) charged with resolving these issues followed the recommendation of the Dole-Shalala Commission to improve the case management process through the creation of a federal recovery coordinator (FRC). The FRC's serve as long term oversight for the development and implementation of the individual's recovery plan, and we are pleased to report that most of the families who have come into contact with an FRC are very excited about the program.

However, with a limited number of individuals serving as FRC's, we must use our resources wisely and effectively. Currently, the FRC's seem to be focused on those in the hospitals. Yet, it is important to remember that this program was created as a result of the study of the Walter Reed scandal, and we must not only serve those who are injured tomorrow, but also those who were injured during the earlier days of the current conflicts.

There is a common and dangerous misperception that if you were injured earlier on, then all of your problems have been solved. I can only tell you from personal experience, those families are often the ones in need of the most help—they are the bow wave, often finding the problems and facing them alone. WWP understands that the SOC is reviewing a range of options to address this "lookback" issue, and we encourage the swift implementation of such a plan.

In addition, the FRC can only be successful if he/she has the authority to break through the current barriers within both agencies. Part of that authority would have to include the overlap of benefits and services which, to a certain extent, was included in section 1631 of the *FY08 National Defense Authorization Act*. A successful overlap would allow the recovery coordinator or case manager concurrent access to the DoD and VA benefits necessary for the care and rehabilitation of severely injured servicemembers. In other words, the provision rightfully recognizes that a severely injured servicemember's care should be based on his medical condition and not on his status as active duty or retired.

However, WWP is concerned that the regulations proscribed in accordance with the law will miss the spirit with which the provision was drafted. For example, the provision authorizes the Secretary to offer severely injured veterans the same medical care and

benefits as those on active duty if they are, “*not reasonably available to such former member in the Department of Veterans Affairs(VA).*” The VA offers excellent services for many, but, due to insufficient funding, inconsistency in service, and differences in generational needs, what is offered on paper may not, in some cases, be sufficient to meet the needs of our severely injured population. Therefore, we encourage strong oversight of the implementation of this provision to ensure its success not only in policy, but also in practice.

Finally, with respect to case management, it is imperative that we take steps to promote visibility of all the case managers who provide services to injured servicemembers. Currently, there is such a myriad of case managers both within DoD and VA that, many times, they are either overburdened or unused because the injured don't know where to begin. For example, the Federal Recovery Coordinators are VA employees who are based in Military Treatment Facilities. In addition, active duty servicemembers are being treated in VA facilities. Without visibility, the servicemembers are lost and organizations like WWP, MOAA, NMFA and others are unable to plug those we find back into the system quickly and effectively.

Deferment:

Unlike burn patients and amputees, those with severe brain injuries appear to be “boarded out” of the military very quickly, some within days or weeks of their devastating injury. While this process has many implications for all, for TBI patients, the availability of options in their medical care is at stake.

While they do have access to the VA, in many cases, private therapies for which they were eligible while on active duty become unavailable once retired. Unfortunately, even though traumatic brain injuries are considered by many to be the “signature injury” of the recent conflicts, once medically retired, TRICARE does not cover cognitive rehabilitation, as it is considered unproven. While WWP is familiar with a number of families who disagree with such a characterization following the successful rehabilitation of their loved ones and strongly encourage the coverage of cognitive therapy, we must take steps in the short term to facilitate the transition of our most severely injured. Therefore, the Wounded Warrior Project is seeking legislation to establish a one year deferment for the MEB/PEB process unless initiated by the family for severe Traumatic Brain Injury (TBI) patients.

A severe traumatic brain injury is a devastating and life-altering wound that causes uncertainty and anguish for the affected servicemember and his/her family. Delaying the individual MEB/PEB will allow the patient's condition to stabilize, provide a standard period of time for coverage under TRICARE, and allow the family to fully understand their options before being removed from the familiar military environment. In addition, this step will allow the VA to follow a path already initiated by the Department of Defense to confer with private facilities, learn from successful models, and further enhance their services. Furthermore, allowing the family and the injured individual a period of time to adjust to their new, often tragically different situation, shows

compassion, reflects the sacrifice of the most severely injured, and will result in a more positive environment for the entire family.

TRICARE Eligibility for Parents/Next of Kin:

Most agree that, due to advances in medicine, we are able to save those we otherwise may not have been able to save in previous generations. However, we must now provide them with the most appropriate and best quality of care. In some cases, the most appropriate care at home includes parents and spouses who leave their jobs to become full-time caregivers. Family caregivers offer the severely injured love, continuity, flexibility, and dignity that cannot be found through a contract agency.

Unfortunately, however, when family members leave their jobs, they often lose their health insurance. Fortunately, spouses are eligible for TRICARE through their injured servicemembers, but, parents/next of kin are not included in this coverage. Therefore, WWP is requesting legislation allowing parents/next of kin to be fully eligible for TRICARE if they are providing full-time caregiving services. It is our responsibility to ensure that family members providing this care have the tools to maintain their own health, giving the servicemember the best chance at recovery.

DoD/VA Collaboration

With respect to DoD/VA collaboration, while there are still many issues to address, WWP has been very impressed with the level of involvement of the leadership of both DoD and the VA in the previously mentioned Senior Oversight Committee (SOC). However, with all of the legislative proposals and policy revisions, it is imperative, consistent with the recommendation of the Veterans Disability Benefits Commission (VDBC) that a joint, permanent structure be in place within the agencies to evaluate the changes, monitor the systems, and make further recommendations for process improvement. This office must be structured in a way so as to not get bogged down in bureaucracy and must have a clearly defined mission with the appropriate authority to make necessary changes or recommendations as warranted. In addition, to facilitate coordination, the office should absorb the functions of the other smaller offices that have arisen within both agencies over time. While the SOC has recently been working diligently on these issues there is no guarantee that this will continue to be the case as Administrations and leadership changes. These issues have received much attention over the past several months, but will likely fade from the national stage over time. Without such a joint structure in place, other issues will arise, and we may, though well-intentioned, find ourselves in the same situation three or five years from now.

It is not only DoD and VA who need to collaborate more fully. Others such as the Social Security Administration, Medicare, the Department of Labor, and private entities need to be included in these discussions. For example, an injured servicemember recently contacted WWP because he was understandably confused. He had been rated as unemployable by the VA but was told he did not qualify for Social Security Disability benefits because he was able to work. In addition, the Social Security Administration has had a difficult time getting medical records necessary for evaluation from the Department of Defense. These agencies must work together to resolve, where possible,

inconsistencies in their policies or the goal of “seamless transition” will never be achieved.

While the agencies share joint responsibility for resolving these problems, WWP believes that Congress must also re-evaluate its current means of addressing these issues. Due to the committee’s jurisdictional boundaries, it is often difficult to address the issues facing these injured and transitioning servicemembers. For example, under the Traumatic Servicemembers Group Life Insurance, a small portion of a servicemembers paycheck is designated each month for the fund. If an individual is injured, that insurance money is then paid through the VA, often while the servicemember is still on active duty. If a problem arises with the program, of which several have, which Congressional committee is charged with resolving it? Without overlapping jurisdiction, these injured brave men and women will continue to be stuck in limbo. Therefore, WWP is proposing the creation of a Joint Select Subcommittee on Transition Issues between both the Armed Services and Veterans Affairs Committees in both the House and Senate. This subcommittee would not require additional members, simply the shared jurisdiction and participation of those already in place. Such an action would signify to injured servicemembers and their families that Congress understands their needs and is willing to take the difficult steps to resolve their problems.

Mr. Chairman, thank you again for the opportunity to testify before you today, and I look forward to answering your questions.