

**STATEMENT OF  
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U.S. DEPARTMENT OF VETERANS AFFAIRS  
  
BEFORE THE SENATE ARMED SERVICES COMMITTEE  
SUBCOMMITTEE ON PERSONNEL**

**April 29, 2009**

Good afternoon Chairman Nelson, Ranking Member Graham, and Members of the Committee. My name is Roger Dimsdale, and I am the Executive Director of the VA/DoD Collaboration Office for the Office of Policy and Planning at the Department of Veterans Affairs (VA). I am pleased to provide the Subcommittee with the accomplishments and challenges related to implementing the various elements of the Wounded Warrior Act. I will also discuss the cooperative efforts between VA and the Department of Defense (DoD) responsible for the progress made to date, as well as our strategy for continued action. First, however, I would like to emphasize the Administration's level of support for these activities.

Secretary Gates and Secretary Shinseki have publically articulated their commitment to continued inter-Departmental cooperation. They are particularly supportive of joint activities that resolve issues concerning Wounded Warriors and have met numerous times to affirm their commitment and provide general guidance to staff.

Successful implementation of the various provisions of the Wounded Warrior Act is a direct result of the structured interaction between the two Departments through the Senior Oversight Committee (SOC). The Overarching Integrated Product Team (OIPT), consisting of eight Lines of Action (LOA), supports the SOC. Each LOA is co-led by

representatives from VA and DoD. This unique structure coordinates, monitors, and implements the over 600 recommendations from a variety of commissions, task forces, and studies. Currently, the two Departments maintain a collocated staff to support SOC and Joint Executive Committee (JEC) issues. Section 726 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (NDAA 2009) extended SOC operations until December 31, 2009. VA strictly interprets this mandate and has not changed its approach or organizational support to the LOAs.

I would like to highlight some of the jointly developed and implemented accomplishments resulting from the Wounded Warrior Act. I will focus on the significant improvements to the disability evaluation system (DES), the collaborative efforts addressing psychological health and traumatic brain injury (TBI) through the Defense Centers of Excellence, innovative approaches to care management and coordination, the shared information technology (IT) efforts directed by the Interagency Program Office (IPO), and the various co-developed outreach materials and communication strategies.

### **Disability Evaluation System**

Improvements to the DES and VA compensation and pension program include: 1) the pilot program; 2) revisions to the VA Schedule for Ratings Disabilities (VASRD); and 3) expedited claims processing for OEF/OIF Veterans by VA.

DoD and VA are currently conducting a pilot program to improve the current disability processes. The project, initially started at the medical treatment facilities in the National Capitol Region, is expanding to include other facilities around the Nation. Key features include a single medical examination and disability rating for use by both Departments, as well as a reduction in the time required to transition to Veteran status and receive VA benefits and compensation.

Updating the VASRD to reflect the best medical information, and the signature conditions associated with new conflicts, is a priority. New rating criteria for the

assessment of residuals of TBI became effective on October 23, 2008. The Veterans Benefits Administration (VBA) is processing claims from very seriously injured and seriously injured OEF/OIF Veterans on a first priority basis. VBA also conducts priority claims processing for initial and reopened claims from all in-theater war Veterans received within 6 months after separation from service and appeals from such veterans of the initial claims decisions following such service. Subsequent PTSD claims submitted by returning theater Veterans receive priority processing as well.

### **Psychological Health and Traumatic Brain Injury**

The Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury is comprised of an active headquarters element, along with six component Centers, including:

- Defense and Veterans Brain Injury Center (DVBIC);
- Center for Deployment Psychology (CDP);
- Deployment Health Clinical Center (DHCC);
- Center for the Study of Traumatic Stress (CSTS);
- National Intrepid Center of Excellence (NICoE); and
- National Center for Telehealth and Technology.

Over the past year and a half, the DCoE and its component centers have participated actively in several joint VA/DoD activities, including:

- Developing training programs for DoD and VA personnel for the evaluation and follow-up of patients with TBI -- One-thousand five hundred (1,500) participants have been trained thus far
- Developing a coding proposal that addresses International Classification of Diseases (ICD-9) coding for TBI, recently reviewed by the National Center for Health Statistics (NCHS)
- Developing Clinical Practice Guidelines for mild TBI, as well as updating the Clinical Practice Guidelines for Substance Abuse and PTSD
- Cosponsoring the Annual Suicide Prevention conference in January of 2009, bringing together experts from the federal and civilian sectors to increase collaboration and communication on the key topic of suicide prevention
- Participating in the Federal Partners Priority Work Group on Reintegration

- Co-sponsoring a scientific conference on gender and racial issues in Psychological Health and TBI on October 1 and 2, 2008 with NIH.

Separately, DoD has provided \$45 million dollars to the DCoE for research to advance the assessment, treatment, and prevention of TBI and psychological health conditions. Five million dollars of these funds is targeted specifically for complementary and alternative medicine approaches to the treatment of psychological health problems and TBI.

### **Care Coordination and Management**

DoD and VA have made significant improvement to the care and transition of recovering servicemembers. VA and DoD collaborate on issues related to mental and psychological health through a number of interactions, involving the DCoE as well as other mechanisms. Military liaisons at the four major VA Polytrauma Rehabilitation Centers provide a direct connection to the various military services. VA provides liaison officers at selected Military Treatment Facilities (MTF) to assist in delivery of VA care and benefits. Each VA medical center has an OEF/OIF team that facilitates transfers and coordinates VA care at that facility. The Military Services have also created service-specific Wounded Warrior Programs to assist recovering servicemembers at each MTF. Finally, the Federal Recovery Coordination Program (FRCP), a joint program of DoD and VA, assists recovering service members, Veterans, and their families with access to care, services, and benefits provided through the various programs in DoD, VA, other federal agencies, states, and private sector.

Recovering service members and Veterans are referred to the FRCP from a variety of sources, including from the service member's command, members of the multidisciplinary treatment team, case managers, families already in the program, Veterans Service Organizations and non-governmental organizations. Generally, those individuals whose recovery is likely to require a complex array

of specialists, transfers to multiple facilities, and long periods of rehabilitation are referred.

FRCP clients work with their Federal Recovery Coordinator (FRC) to create a goal-based Federal Individualized Recovery Plan (FIRP) with input from their family or caregiver, as well as from members of the client's multidisciplinary health care team. The FRC implements the plan by working with existing governmental and non-governmental personnel and resources.

Within the overall framework of care coordination and each client's particular needs and goals, the FRCs work with military liaisons, members of the Services Wounded Warrior Programs, service recovery care coordinators, TRICARE beneficiary counseling and assistance coordinators, VA vocational and rehabilitation counselors, military and VA facility case managers, VA Liaisons, VA specialty case managers, Veterans Health Administration and VBA OEF/OIF case managers, VBA military services coordinators, and others. FRCs do not directly deliver services; they coordinate the delivery of services and serve as a resource for enrolled service members, Veterans, and their families.

Currently, fourteen FRCs are working at six military treatment facilities and two VA medical centers. They are supported by a VA Central Office staff that includes an Executive Director, two Deputies (one for Benefits and one for Health), an Executive Assistant, and a Staff Assistant. In addition, the program receives personnel support at VA Central Office from the U.S. Public Health Service and DoD, with each sending two individuals on detail.

## **Information Technology Collaboration**

DoD and VA have taken crucial steps toward creating a Joint Virtual Lifetime Electronic Record (VLER), as announced by President Obama on April 9, 2009. Both Secretaries are dedicated to ensuring strong executive oversight with specific attention to the Interagency Program Office (IPO), mandated by the Wounded Warrior Act (title XVI of the National Defense Authorization Act for Fiscal Year 2008), on behalf of VA and DoD, to provide oversight for VA-DoD data sharing initiatives. The emerging vision for the VLER initiative is for all current and future service members, Veterans, and eligible Family Members to have a VLER that will encapsulate all data necessary to uniquely identify them and ensure the delivery of care and benefits for which they are eligible. This proactive delivery begins upon oath of military service and continues beyond death to survivor benefits. To the user, the perception will be that one Federal entity delivers all benefits, care, and support.

DoD and VA will develop workgroups to define the common services used by information processes in both Departments as well as the common functional processes within services unique to each Department. Joint DoD-VA efforts have already begun to define the data and business processes for this effort. The result will be an unprecedented unified data sharing between the two Departments.

## **Outreach and Communication Efforts**

The Wounded Warrior Act called for joint outreach efforts to recovering servicemembers, Veterans, and their families. As a result, web-based applications, assistance centers, and direct outreach activities were developed.

The web-based National Resource Directory (the Directory) provides information on services and resources available through Federal, State, and local governmental agencies, Veterans' benefit/service/advocacy-organizations, professional provider associations, community and faith-based/non-profit organizations, academic institutions, employers, and philanthropic activities of business and industry. The Directory was

developed jointly, and is currently co-managed by DoD, VA, and the Department of Labor.

Other efforts include the Wounded Warrior Resource Center. This consists of a DoD website as well as a call center, and serves as a single point of contact for wounded, ill and injured service members, their families, caregivers, and those who support them. A MyeBenefits portal, currently under development, will provide individualized information upon login for all servicemembers and Veterans.

The National Guard Family Assistance Centers conduct in-person outreach for National Guard members throughout the 50 states, the District of Columbia, and U.S. territories. The Centers augment the support system for geographically dispersed families by providing information, referrals, and assistance to families during a servicemember's deployment. They support any military family member from any military branch or component.

The Yellow Ribbon Reintegration Program provides National Guard and Reserve members and their families with information about services throughout the entire deployment cycle. VA participates in this effort with representation on the Advisory Board and assignment of a VA liaison within the program office.

A handbook was developed by DoD and VA to help injured service members and their families navigate the DoD and VA systems. The handbook is available electronically or in book format.

## **Challenges**

Despite our collective success, we recognize that we have more work to do to implement the Wounded Warrior Act fully. Specifically, we must:

- Maintain a shared structure that continues to provide guidance and oversight for these efforts;
- Continue to work toward one system that supports our wounded warriors;

- Continue to address the unique needs of the National Guard and Reserve Components;
- Continue to work toward sharing information between the two Departments; and
- Continue to address the mental health needs, including addressing the stigma that continues to be associated with seeking treatment for mental health disorders.

## **Conclusion**

Successful collaboration between the Departments is a direct result of the coordination and oversight of the Senior Oversight Committee. Secretary Shinseki and Secretary Gates continue to promote, support and direct these efforts through their actions, including their co-chairing of the Senior Oversight Committee and the Joint Executive Committee.

While we are pleased with the joint efforts and progress made, there is a good deal more to do. VA is committed to providing support for our Nation's wounded warriors and Veterans. As such, we believe that continued partnership with DoD is critical, and no less than our servicemembers and Veterans deserve.

Thank you again for your support to our wounded, ill, and injured servicemembers, Veterans, and their families.

We look forward to your questions.