TESTIMONY OF

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and

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Co-Chairs

PRESIDENT'S COMMISSION ON CARE FOR AMERICA'S RETURNING WOUNDED WARRIORS

For the Record

UNITED STATES HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON NATIONAL SECURITY AND FOREIGN AFFAIRS

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Mr. Chairman and members, on behalf of the President's Commission on Care for America's Returning Wounded Warriors, we respectfully submit this testimony for the record.

During the four month tenure of our Commission, we learned much during our 23 site visits, first-hand interviews with injured service members and their families, discussions with health care professionals, from military and veterans' service organizations, from the many recommendations from previous task forces and commissions, and our own survey of injured service members. From this information came the six recommendations that we presented to the President and the American people in July 2007. These recommendations fundamentally change the military and veterans' health care and services. They include:

- The first major overhaul of the disability system in more than 50 years;
- Creation of comprehensive recovery plans with recovery coordinators;
- Strengthen support for families;
- Improvement of TBI and PTSD care for service members and veterans;
- Rapid transfer of information between the DoD and VA; and
- Support for Walter Reed through 2011.

Within these 6 major recommendations are 34 actions steps, of which only 6 require Congressional action. The remaining 28 action steps can be implemented by the Departments of Defense and Veteran's Affairs; these are the focus of our testimony.

Our approach was to look at the system of care from the patient's point of view. In doing so, it became clear that our wounded warriors are not only facing difficult days of recovery and rehabilitation, but difficult to navigate and confusing bureaucratic systems. Patients need to focus on getting well not on when the paper work needs to be filed or the right form completed. We believe the solution is for every patient to have a clearly defined recovery plan initiated by those directly involved in his or her care and managed by a Recovery Coordinator. This individual, cross-trained in DoD and VA benefits and services, would work with medical personnel, existing case managers and other personnel to ensure that the service member receive all the appropriate resources in order to recover and rehabilitate. To accomplish this task, these individuals will need the appropriate authority from each Department and the independence to act for the patient's best interests. Sometimes that may mean obtaining the best care for a patient with a specific problem in the private sector. We believe it unwise to determine the "correct" case load for these Recovery Coordinators. The case load should adjust according to the patients' needs, not an arbitrary target. We also believe that placing the Recovery Coordinators in an elite unit of the Public Health Service will ensure independence.

Restructuring the disability evaluation and compensation system requires the DoD and VA to work together to develop a single physical exam to be administered by the DoD. This comprehensive physical exam, based on jointly developed standards and administered by specially trained physicians, will allow the DoD to determine if a service member is fit to serve in any military capacity and the VA to determine a disability rating based on the findings of the physical. Having the DoD administer the physical exam creates the baseline of documentation needed by every veteran applying to the VA down the road for additional rating or compensation based on events that occurred during service. This approach builds on the success of the DoD and VA's joint Benefits Delivery at Discharge (BDD) program. The BDD program allows medically separating or retiring service members to file for VA service-connected disability compensation up to 180 days before discharge. The average time to complete a claim under this program is only 68 days, a significant improvement over the average of 180 days for claims filed through the normal channels.

We have also recommended a change in the structure of VA disability compensation payments. These payments would be in addition to a DoD annuity payment for those discharged on the basis of being medically unfit for duty (based on rank and time in service). Furthermore, each disabled veteran would be able to select one of two transition payments: three months of basic pay or an enhanced stipend to obtain additional skills in an approved educational or training program. Our recommended stipend would replace the current VA provided stipend for those enrolled in vocational rehabilitation programs. The amount of our recommended stipend would be determined by a study and is likely to be higher than the currently provided VA stipend for this program. To encourage those enrolled in these programs, we recommend a bonus payment for each of the first three full years completed. We also recommend extending the time allowed for completion of these programs from the current 48 months to 72 months, with the approval of the vocational counselor and the Recovery Coordinator. This allows additional flexibility in

the time it takes to complete the programs and accommodates those who might need additional hospital care or who need or want to work part-time.

All of the returning wounded warriors we spoke with wanted to return to a productive life. We strongly believe that by investing in these men and women upfront, not only will they be better off, but we will see a surge in productivity second only to that occurring after World War II. Our Nation will be stronger and our veterans will thrive.

We also call for the VA Schedule for Rating Disabilities to be updated – and maintained – to reflect current medical diagnoses and advances. It is simply inappropriate, and a disservice, for veterans to be rated using a system with components that were last updated in 1945. The schedule must also be revised to reflect the impact of injury or illness on the quality of life of the veteran.

As part of our call for strengthening support for families, we recommend providing the necessary training to family members caring for an injured service member. Injured service members just want to go home, no matter how complex the injuries. Not only do family members need to learn how to change dressings, safely transfer an individual from a wheelchair to a bed, but they need to be taught to look for problems that might develop. When problems do develop, they need to be able to quickly reach appropriate care, and they need better information about the availability of help in their community.

We understand that the electronic transfer of medical records between the DoD and VA has been an area of specific Congressional concern. Many are calling for a single system between the two Departments. We do not believe that this is the answer. The DoD and VA can, and should, move more quickly to electronically transfer important clinical and benefit data to those who need it. We firmly believe that 80% of the needed information can be electronically transferred within the next year. It may not be truly interoperable, but it can get to users who need this information to make decisions about benefits and clinical care. Meanwhile, the current efforts to move toward fully integrated and interoperable systems should continue. Mandating a move to a single system will be costly and delay interoperability even more.

We also recommend a user-friendly, individually tailored services and benefits portal for service members, veterans, and family members. This password protected site should provide relevant information about federal, state and local benefits, programs, and services based on the user's profile. Users can view their medical appointment schedule, send and receive messages from their medical team, and view their medical history. They can plan for retirement or find out what veteran's benefits and programs exist in their state of residence. And, most importantly, they don't have to sift through a pile of brochures or read through screen after screen of online information to find what is relevant for them. It is a contemporary solution for information dissemination.

Finally, with 20% of our wounded going directly to Walter Reed, we recommend that appropriate resources be made available through 2011. The mechanisms already exist to

recruit and retain first-rate professionals at Walter Reed – the DoD simply needs to implement them.

We have been truly heartened by the response our report has received in the White House, the halls of Congress and throughout the country. The nation has rallied behind the need to help those who have put their lives on the line in service to our country – and we are optimistic that Congress and the Administration will move quickly to respond to this need by enacting our recommendations.

We thank the Subcommittee for its interest and look forward to working with you to ensure that our injured service member receive the care they deserve.

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