



March 18, 2015

**Testimony of
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Before the House and Senate Committees on Veterans Affairs**

2015 Policy Priorities

Chairmen Isakson and Miller, Ranking Members Blumenthal and Brown, Members of the committees: Thank you for inviting Wounded Warrior Project® (WWP) to present its 2015 policy priorities at this joint hearing. I am Ryan Kules, the national alumni director at WWP. I am testifying this morning not only as the national alumni director,¹ but also as a wounded warrior.

Before I do, I want to take a moment to congratulate the new chairman and ranking members on your leadership positions. Chairman Miller, your continued leadership of the committee is, of course, a more than welcome return. We look forward to working with all of you, and the other committee members, to improve the lives of disabled veterans, their families, and caregivers.

I would be remiss if I did not take a moment to thank both of the committees for their tireless and bipartisan efforts this past year to pass critical legislation—including the Veterans’ Access to Care Act and the Clay Hunt Suicide Prevention for America’s Veterans (SAV) Act. These landmark bills address serious deficiencies and challenges facing veterans of all eras, and their passage demonstrates how this committee acted to help solve critical issues facing veterans.

It is also fitting that I am testifying before you today on Brain Injury Awareness Day. Traumatic brain injury (TBI) is a vitally important issue particularly facing this generation of injured veterans, and I thank you for the opportunity to give voice to this policy priority.

Through the course of our overseas operations combatting terrorism, thousands of young men and women, forever changed by grievous wounds and invisible injuries, have returned to communities across the country. Your committees have done much to help them transition and rebuild their lives—enacting legislation, fighting scandals within the Department of Veterans Affairs (VA), demanding improvements in claims-adjudication processes, and more.

WWP has been partners with the committees since our founding and growth from a local grassroots effort, ten years ago, to a robust national organization that operates a comprehensive and holistic set of programs nationwide. Our experience in serving injured warriors, families, and caregivers every day, however, tells us that there is more work to do. It is increasingly clear that the least visible wounds among warriors of this generation—including TBI and post-traumatic stress disorder (PTSD)—have the most devastating long-term impact. WWP has pledged to support this country’s wounded warriors for a lifetime, and we ask that you join us in this commitment.

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE



Overcoming the Wounds of War: Confronting the Challenges Ahead

While we recognize the great work your Committees have done to improve the lives of our country's disabled veterans, we must also acknowledge that, despite all we have accomplished, the job remains incomplete. Many of our disabled warriors still struggle, and too many are at risk of continued and even greater problems in the years ahead. As a nation, we must anticipate injured veterans' needs—today's needs, tomorrow's needs, and those of a decade and more in the future. We must plan today to meet these challenges.

We are quick to acknowledge that many wounded warriors are doing well. Many have returned to school or, like me, are working toward thriving careers and bright futures. Regrettably, a significant number of injured veterans are not so fortunate, and countless others struggle with depression, anxiety, or PTSD. Chronic pain haunts too many, while numerous others have not found direction or purpose in life. Thousands with severe TBI experience terrifying memory loss, cognitive challenges, and wide-ranging behavioral issues, despite seeming to have recovered physically.

WWP's policy priorities were developed with the results of our 2014 Alumni Survey² in mind. More than 21,000 members of this generation of wounded, ill, and injured veterans responded, documenting some of the challenges that they face. The most commonly experienced injuries and health problems reported in 2014 were:

- Sleep problems—75.8 percent
- PTSD—75.2 percent
- Back, neck, or shoulder problems—72.3 percent (up from 57.4 percent in 2013)
- Depression—67.1 percent
- Anxiety—64.2 percent

With the results of our 2014 Alumni Survey as a baseline, we can begin to explore this question: What are the greatest problems wounded, ill, and injured warriors are likely to face a decade from now?

As previously stated, many disabled veterans in this generation are thriving, and we see their successes daily. We routinely see those who were badly injured recover and move on to mentor others. We see many who are resilient and strong. Every year, we help more warriors find new avenues and careers that harness their battlefield-born leadership skills. Nevertheless, a significant percentage is not flourishing, and it is important to assess the risks they face in the future.

WWP policy priorities in 2015 reflect on more than ten years of service to this generation of injured warriors and their caregivers. Upon reflection, we also sought to understand the needs and trends of our Alumni for the next decade. We began by examining the key problems facing warriors today and the vulnerabilities that place some at risk of those new or worsening problems. In attempting to catalogue those risks and vulnerabilities, we sought to consider likely or potential trends—in the areas of demographics, health and health care delivery, family, societal support, technology, economy, and government—that could cause new problems or

compound existing ones. Finally, we conducted interviews, surveys, research, and analysis, and gleaned insights from warriors, their family members, caregivers, WWP staff, policy researchers, and clinicians in order to discern the needs of injured warriors in the future. The experiences of injured warriors and their caregivers and the results of our research efforts are what follow.

WWP asks you to focus on four policy priorities: mental health, economic empowerment, long-term rehabilitation and caregivers, and TRICARE for wounded warriors.

Mental Health

Many wounded veterans have ongoing needs for mental health care services, but often have difficulty accessing those services. Among Alumni, 54.7 percent visited a professional to get help with issues such as stress or emotional, alcohol, drug, or family problems. More than one-third of Alumni (35.2 percent), however, had difficulty getting mental health care, put off getting such care, or did not get the care they needed (compared with 34.2 percent in 2013). For Alumni experiencing difficulties in accessing such care, the most common reasons were:

- Difficulty in scheduling appointments—42.5 percent
- Inconsistent treatment or lapses in treatment (e.g., canceled appointments; switches in providers)—39.4 percent (largely unchanged since 2013)
- Feelings that treatment might bring up painful or traumatic memories Alumni wanted to avoid—39.0 percent
- Did not feel comfortable with existing resources within the Department of Defense (DoD) or VA—35.3 percent (32.5 percent in 2013)

Combat stress and combat-related mental health conditions are highly prevalent among post-9/11 veterans and affect many who have sustained other serious injuries. Numerous studies have documented the profound consequences for warriors' overall health, well-being, and economic adjustment when chronic post-service mental health issues like PTSD are unaddressed. After more than a decade of combat operations marked by multiple deployments, the systems dedicated to providing mental health care to service members and veterans are still struggling to accomplish their missions.³

The 114th Congress acted swiftly and decisively this year to pass the Clay Hunt Suicide Prevention for America's Veterans Act (P.L. 114-2). WWP was proud to see overwhelmingly bipartisan progress in efforts to improve mental health care, access and services, and suicide prevention programs at the VA and DoD. We sincerely thank you for your hard work to address these serious mental health issues.

But the fight is not over. We ask Congress to continue to make access to mental health care a priority this year, with enhanced attention paid to survivors of military sexual trauma.

Access to Mental Health Care

WWP asks the committees to continue to improve access to mental health care through programmatic change—including integrating complementary therapies—continued oversight, and legislation. Improving the access, timeliness, and effectiveness of care for the invisible

wounds of war is a main concern for our Alumni and WWP, and legislation to increase access to timely, effective mental health care must be a priority.

Mental Health Care for Victims of Military Sexual Trauma (MST)

Results from our 2014 Alumni Survey illustrate that MST is a serious concern that should be a priority of these committees. MST was experienced by 6.0 percent of all Alumni. Among female Alumni, 31.7 percent experienced MST, as compared with 1.9 percent of male Alumni. Of those Alumni who have experienced MST, 64.5 percent rate their health as “poor or fair.” These results, coupled with a specific focus group held by WWP in 2014, demonstrate that further efforts must be made to prevent military sexual trauma (MST) and ease the evidentiary burden on warriors of establishing service-incurrence of such trauma.⁴ Congress will save lives by enabling wounded veterans to enter into, and continue, needed care for behavioral health conditions associated with MST. Furthering efforts to prevent MST and easing the evidentiary burden on warriors seeking mental health care associated with MST must be a priority.

Economic Empowerment

With military careers often truncated by life-altering injuries, this generation of wounded service members faces employment challenges as they attempt to reintegrate into their communities and rebuild their lives. Meaningful employment is paramount to a warrior’s sense of personal self-worth and economic stability. It is critical that warriors are afforded the tools, skills, resources, education, and support needed to secure employment and develop fulfilling careers in ways that matter to them and their families.

While some injured warriors are seeking to enter the civilian workforce, many others are returning to school to further their education. Nevertheless, even when enrolled in school, injured veterans face hurdles. They report difficulty assimilating on campus and adapting to student life; insufficient or nonexistent accommodations for their disabilities; and lack of understanding from faculty and fellow students of their needs arising from PTSD and TBI.

Fully one-third of WWP Alumni (33.5 percent) are now enrolled in school—among those enrolled in school, nearly two-thirds are pursuing a bachelor’s degree or higher (65.6 percent, up from 59.7 percent in 2013). Another 24.2 percent of Alumni are pursuing an associate degree (22 percent in 2013), while 7.3 percent are enrolled in business, technical, or vocational school training leading to a certificate or diploma (6.4 percent in 2013).

The other two-thirds of Alumni are in the labor force. About half (50.5 percent) are employed full time, and 7.4 percent are employed part time. Among employed Alumni, 5.7 percent are self-employed. The estimated unemployment rate for all Alumni is 13.9 percent. For Alumni not currently on active duty, the unemployment rate is 19.7 percent. Said another way, 1 in 5 Alumni in the civilian sector are unemployed. That is nearly *four times* the rate of the general veteran population and approximately *three times* as high as the rate of all post-9/11 veterans.⁵

The committees should strongly consider adopting the following WWP priorities as avenues for transitioning wounded veterans into civilian lives, to build jobs, independence, and fulfillment.⁶

Campus Support

WWP is especially encouraged to support Senator John Tester’s Veterans Employment Empowerment Act (S.604).⁷ The bill would authorize a Department of Education grant program to help institutions of higher education establish, maintain, and improve veteran student centers—dedicated spaces on college or university campuses that provide student veterans or eligible family members with a meeting space and centralized office for services. We believe that these grants would provide the resources needed on campuses to help make the transition to college more successful for wounded service members, and ask Congress to authorize and appropriate the funds necessary to realize this bill.

Incentivize “Individual Unemployability” (IU)

A real barrier to gainful employment facing severely disabled veterans can be traced to “individual unemployability” disability designations.⁸ While there has been some debate as to how to change this program in a way that would incentivize veterans to rejoin the workforce, we believe the issue merits thorough consideration. WWP urges the committees to examine the efficacy of this program and to consider options for the “IU” rating that would give disabled veterans incentives to get back into the workforce and their communities.

Long-Term TBI Rehabilitation and Caregivers

Improvements in military medicine and technology have allowed warriors to survive injuries that would have been fatal in previous conflicts, including severe TBIs. Many of these warriors and their families will need care from VA for their entire life. Care and support provided by VA must focus not only on function, but also on quality of life and ensuring that family members and caregivers’ needs are considered so they can continue to be there for their loved ones throughout the journey to recovery.

The AL-TBI Pilot Program⁹

Public Law 110-181, the Fiscal Year 2008 National Defense Authorization Act (NDAA), Title XVII, Section 1705, directed VA to implement a five-year pilot program to assess the effectiveness of providing assisted living services to eligible veterans with TBI (AL-TBI pilot) to enhance their rehabilitation, quality of life, and community integration. This pilot program was extended by three years by Public Law 113-146, the Veterans Access, Choice, and Accountability Act of 2014. We are grateful for this, and thank the committees for their efforts to continue this important pilot program.

The AL-TBI pilot program provides veterans who have a moderate to severe traumatic brain injury—and often other significant physical and psychological challenges—with comprehensive, coordinated care in residential facilities that specialize in post-acute brain injury rehabilitation. These facilities are community-based, close to veterans’ homes, and have shown impressive results in significantly reducing disability.

Because the TBIs that impair the catastrophically injured veterans served by this program are not healed in three-year increments, we ask the committees to exercise oversight on this pilot program and to evaluate its efficacy and impact on veterans and their families. We also ask that the committees consider making permanent this pilot program and its associated services.

Caregivers

Five years ago, these committees crafted historic legislation that established the framework for a VA program that now provides critical support to caregivers of seriously disabled veterans. This legislation recognized the risk that the extraordinary toll of caregiving could overwhelm the caregiver—whether physically, emotionally, or financially—and result in unwanted, but very costly, institutionalization for the service member. This legislation proposed, therefore, that VA provide support services to help mitigate those vulnerabilities.

In working daily with family members of disabled warriors who have sustained severe or catastrophic injuries, WWP continues to see the profound toll the lack of assistance can take on caregivers. While caring for severely disabled warriors—sometimes for years and without assistance—many caregivers have left their jobs, exhausted savings, and suffered tremendous strain to their own health in order to provide the very best care for their warrior.

We ask VA to resolve the long-standing issues with the Caregiver Program—issues that were propagated by the final regulations published in January of this year.¹⁰ As we have testified to (as recently as December 2014), we ask for the committees' help in resolving our long-outstanding concerns, and in easing the Veterans Benefits Administration (VBA) reporting and oversight requirements on caregivers who are also fiduciaries for their loved ones.¹¹

Fertility

Families play a critical role in wounded veterans' reintegration, recovery, and rehabilitation. Military families have a unique culture, and learn to live with the shared sacrifices that come with military service. Those who return from war with visible or invisible wounds that prevent them from having children can find the transition home even more challenging. Working with Senator Patty Murray, WWP continues to fight for the long-term rehabilitative care needs of wounded service members challenged with issues of infertility. The Women Veterans and Families Health Services Act of 2015, S. 469, would expand the treatment and care by the VA, provide fertility treatment for spouses of severely wounded service members, provide adoption assistance for veteran families, and make permanent a VA veterans child care services pilot program.¹²

WWP urges the committees to enact legislation that would enable couples who are unable to conceive because of the warrior's severe service-incurred injury or illness to receive fertility counseling and treatment, including assisted reproductive services.¹³

TRICARE for Wounded Warriors

Wounded warriors must navigate a vast array of systems when making the transition from service member to veteran. While many programs have been created or improved to help guide service members through these systems and ease the confusion during transition, many of these programs and systems lack coordination across Departments and still contain gaps that make the goal of a seamless transition elusive for many service members.

One such example of unintended gaps resulting from systems interplay is the issue of severely injured warriors losing their TRICARE coverage because of their "opting out" of Medicare Part B coverage. For several years, WWP has asked Congress to revise current law that subjects the

most severely wounded warriors to this loss of TRICARE coverage if they opt out of purchasing Medicare supplemental insurance. This statutory restriction must be revised to ensure that catastrophically injured veterans do not continue to fall through the cracks. We ask Congress to fix this extremely troubling issue.¹⁴

Conclusion

WWP envisions a future in which the most successful, well-adjusted generation of injured service members in our nation's history not only survives, but also thrives. This vision requires sustained public support, and relevant programs and services for veterans and their caregivers. Helping wounded warriors requires a lifetime of commitment. WWP commits to serving this population for their lifetime, and working with Congress and the Administration to realize this vision.

Thank you for the opportunity to address the committees today. I look forward to answering your questions.

¹ Wounded Warrior Project® (WWP) serves veterans and service members who incurred a physical or mental injury, illness, or wound, co-incident to their military service on or after September 11, 2001, and their families and caregivers.

For WWP, there is a distinct difference between members and Alumni; the term Alumni indicates a mutual shared experience and denotes your place in an organization was earned. There are no dues here—those were paid by wearing the uniform and on the battlefield.

² The 2014 Wounded Warrior Project Alumni Survey is accessible online at

<https://www.woundedwarriorproject.org/media/691673/2014-wwp-alumni-survey-report.pdf>.

³ <http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities.aspx>

⁴ WWP shares the view that the VA’s regulations related to PTSD claims stemming from MST should be revised to eliminate the requirement for corroborative evidence of a military sexual assault, and urges VA to initiate such rulemaking. Acceptance of a veteran’s lay statement regarding the occurrence of an in-service stressor (subject to the statement’s consistency with the circumstances and conditions of the veteran’s service) is, of course, only one element in establishing service-connection for PTSD. Nevertheless, such regulatory reform would be an important step toward healing a deep wound many have suffered. To assure that such a step results in relatively consistent, appropriate adjudication, WWP also urges the VA to institute follow-on efforts to monitor the consistency with which MST cases are adjudicated under revised evidentiary standards. More information about the burden of proof requirement for MST cases can traced to 38 C.F.R. § 3.304(f)(5).

⁵ According to the Bureau of Labor Statistics in February 2015, the unemployment rate for post-9/11 veterans is 6.7 percent. For all veterans, the unemployment rate was 5.3 percent (<http://www.bls.gov/news.release/empsit.t05.htm>).

⁶ For more information on this economic empowerment policy priority, please visit:

<http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities/objective-2-economic-empowerment/initiative-2.aspx>.

⁷ Information about S. 604 can be found at: <https://www.congress.gov/bill/114th-congress/senate-bill/604?q=%7B%22search%22%3A%5B%22s604%22%5D%7D>.

⁸ To learn more about how “IU” serves as a disincentive to our Alumni that want to return to work, visit

<http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities/objective-2-economic-empowerment/initiative-3.aspx>.

⁹ To learn more about the long-term impact of TBI on wounded veterans, their families, and caregivers, visit

<http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities/objective-3-optimal-long-term-rehabilitative-care/initiative-1.aspx>.

¹⁰ Rule available online at <http://www.gpo.gov/fdsys/pkg/FR-2015-01-09/pdf/2015-00071.pdf>.

¹¹ WWP submitted a Statement for the Record on the VA Caregiver Program in December 2014, accessible online here: http://www.woundedwarriorproject.org/media/723028/veterans_affairs_caregiver_program_assessing_current_prospects_and_future_possibilities.pdf. For more information about the challenges facing this generation of caregivers, visit: <http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities.aspx>.

¹² Information about S.469 can be found at <https://www.congress.gov/bill/114th-congress/senate-bill/469>.

¹³ To learn more about the how important fertility issues are to wounded service members, visit

<http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities/objective-3-optimal-long-term-rehabilitative-care/initiative-4.aspx>.

¹⁴ To learn more about how catastrophically injured wounded service members lose their TRICARE, visit:

<http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities/objective-4-improve-existing-wounded-warrior-programs/initiative-4.aspx>.