

DAWN HALFAKER, VICE PRESIDENT, BOARD OF DIRECTORS WOUNDED WARRIOR PROJECT

STATEMENT OF DAWN HALFAKER VICE PRESIDENT, BOARD OF DIRECTORS WOUNDED WARRIOR PROJECT BEFORE THE SENATE AND HOUSE VETERANS AFFAIRS COMMITTEES MARCH 5, 2009

Chairmen Akaka and Filner, Ranking Members Burr and Buyer, and Members of the Committees:

Thank you for inviting Wounded Warrior Project (WWP) to address the Committees today regarding our legislative and policy priorities for the 111th Congress. Wounded Warrior Project is now recognized by the Department of Veterans Affairs as a national Veterans Service Organization, authorized to prepare, present and prosecute claims for veterans' benefits. We have staff throughout the country interacting with and assisting wounded warriors on a daily basis. This direct, daily contact gives Wounded Warrior Project a unique perspective on the needs and obstacles faced by wounded warriors as they attempt to reintegrate back into their homes and communities across America. Before addressing our priorities, I would like to offer a brief overview of our mission, the history of our organization, and the evolution of our programs. WWP has been dedicated to advocating for America's newest generation of wounded warriors since our creation in 2003. Our mission is quite simple: to honor and empower wounded warriors. Our purpose is threefold: to raise awareness and enlist the public's aid for the needs of severely injured service men and women; to help severely injured service members aid and assist each other; and to provide unique, direct programs and services to meet their needs. The global war on terror has created a new class of injuries and a growing population of wounded warriors who face quality-of-life issues on a scale never before seen. Wounded Warrior Project was established six years ago to address this urgent, national need. What began, in the words of our founder John Melia, as "one wounded guy helping another" has evolved into one of America's foremost advocates of practical and often urgent action to help those suffering the physical, psychological, and spiritual wounds of today's wars. We believe our nation's response to the needs of severely wounded warriors must be more than just an early discharge and a disability check, particularly when those benefits might take as long as two years to arrive under the current system. In the not-too-distant past, veterans returning from Vietnam were left to fend largely for themselves. WWP is absolutely committed to ensuring that such a response to the needs of those who have borne the hardships of battle is never repeated.

Wounded Warrior Project places a singular emphasis on programs and policies that will have an immediate and lasting impact on the daily lives of wounded warriors and their families. The Traumatic Servicemembers Group Life Insurance (TSGLI) program, for example, was a Wounded Warrior Project initiative that was enacted in 2005 and made retroactive to the start of Operation Enduring Freedom. This program provides immediate monetary assistance to service members who suffer a traumatic injury while serving on active duty in a combat zone. It is a

common-sense rider to the existing Servicemembers Group Life Insurance Policy, and it addresses a very real problem in a meaningful and substantive way. Our extensive contact with wounded warriors and their families throughout the nation indicated that a simple traumatic injury plan, similar to private accident insurance, was urgently needed to assist permanently disabled service members. Such a significant change might have taken years to implement, yet it only took weeks thanks to Congress' incredibly fast action. Wounded Warrior Project is proud to have played the principal role in creating this groundbreaking and greatly needed program. Similarly, programs like our signature Wounded Warrior Project backpacks, the Wounded Warrior Disabled Sports Project, the TRACK program, Warriors to Work, and Soldier Ride, to name just a few, are all based on the premise that substantive action is what matters most to our returning wounded warriors. A brief description of these programs illustrates this focus. WWP backpacks contain essential care and comfort items including clothing, toiletries, telephone calling cards, a CD player, and playing cards, all designed to make a wounded warrior's hospital stay more comfortable. Backpacks are provided to severely wounded service members arriving at military trauma centers in the United States and Germany. Smaller versions of Wounded Warrior Project backpacks, Transitional Care Packs, are sent directly to Iraq and Afghanistan to provide immediate comfort during a warrior's relocation to the United States. WWP also distributes resource kits to warriors assigned to the various Warrior Transition Units and Battalions around the nation. The Wounded Warrior Disabled Sports Project is a partnership between Wounded Warrior Project and Disabled Sports USA to provide year-round sports programs for severely wounded service members. Through the program, wounded warriors are offered the opportunity to participate in high-quality rehabilitative athletic events that challenge them both physically and mentally. Many of these participants have expressed interest in pursuing careers in sports and recreation as a result of their experiences. Wounded Warrior Project's TRACK program is focused on providing college and employment access to wounded warriors. TRACK students reside in Jacksonville, Florida, for a 12-month intensive and holistic training experience for the mind, body and spirit. The first half of the program is primarily classroom-based, with ancillary support services consisting of mental health counseling, performance training, and life skills classes. Classes are provided through Florida Community College at Jacksonville, and credit can be applied toward a bachelor's, associate degree, or vocational certificate. The second half of the program consists of an employment internship with local employers in the areas of IT, general business, and logistics, and more. I invite each of you to visit Jacksonville to see TRACK first-hand.

The Warriors to Work is a free program to help individuals recovering from severe injuries received in the line of duty connect with the support and resources they need to build a career in the civilian workforce. Wounded Warrior Project's intern program is also a component of Warriors to Work, and provides warriors or their caregivers with part-time employment while going to school, rehabilitating or caring for a warrior, a good stepping-stone to the full-time workforce. The Warriors to Work program has successfully placed two wounded warriors in positions in congressional offices through the House of Representatives' "Wounded Warrior Program." Wounded Warrior Project's Soldier Ride provides rehabilitation opportunities for wounded warriors while raising public awareness for those who have been severely injured during the global war on terror. An inspiration to participants, communities, sponsors, and supporters alike, Soldier Ride offers the brave men and women who participate with a way to

return to an active lifestyle. All program participants are provided with the adaptive equipment and training they need to cycle, even if they are missing one or more limbs or have other severe impairments including traumatic brain injury, burns or post-traumatic stress disorder. In fact, Soldier Ride will be coming to Washington on April 30th 2009. We expect that this year's Soldier Ride will originate, as it has in the past, at the White House and make stops at City Hall, Ft. Myer, and the Pentagon. Along the way, we invite national leaders to join the wounded warriors as they tour the city. This year's Soldier Ride will end at the U.S. Capitol, and a reception for the warriors will be held nearby. We would be privileged to have the Members of the Senate and House Veterans' Affairs Committees join us, both for the ride and/or for the reception afterward. Wounded Warrior Project is the most recent national Veterans Service Organization to be accredited by the Department of Veterans Affairs, and as such, we join our fellow VSOs in helping those who are likely overwhelmed as they try to navigate the complexities of the VA's health care and benefits systems. These wounded warriors and their families deserve our commitment to their long-term quality of life in the form of comprehensive and timely health care services, educational assistance, job training, employment, compensation, benefits, and vocational and medical rehabilitation to help them overcome their service-connected wounds and disabilities. The nation that sent them to war must provide them every possible social and economic opportunity to ease their transition back into productive lives in their home communities. Wounded Warrior Project believes such programs and policies are not only socially responsible, but also highly cost-effective in the long term. Wounded Warrior Project's new Washington, D.C., office adds a formal mission of national advocacy, policy and program analysis, and research to our organization's robust line-up of programs and activities. These activities are grounded in rigorous academic research, the experience of our national leadership and staff, the success of our programs, and the knowledge that comes from regular, personal contact with the nation's newest generation of wounded veterans and their families. As the organization's legislative and policy arm, this office helps shape WWP's national policies and programs affecting wounded warriors and their families. We offer direct and immediate communications, counsel, independent analysis, and guidance to stakeholders throughout the federal executive and legislative branches, and the greater veterans' community. It is in that spirit and with that intent, we address the Committees today to present for your consideration Wounded Warrior Project's top policy priorities for the 111th Congress.

**CREATION OF A WOUNDED WARRIOR FAMILY CAREGIVER PROGRAM:** Mr. Chairman, WWP is concerned that very little formal institutional attention is being paid to family caregivers as vital links in the rehabilitation process for wounded warriors. We strongly believe that the lack of appropriate support for family caregivers dramatically reduces the likelihood of successful rehabilitation of the wounded warrior, as well as the health and well-being of the wounded warrior's family. And, not surprisingly, such failures cost the government significantly more, as wounded warriors are required to rely more heavily on VA institutional resources. Certainly the numbers do not fully convey the human dimension of the issue. The impact on family members from caring for severely wounded warriors for extended periods-and in many cases, for life-can be devastating. From the moment one or more family members meet their returning wounded warrior, they come face-to-face with a changed reality, a "new normal." The "family member" could be a spouse, a parent, a brother or sister, a cousin, a partner, or a close friend. Immediately, and for weeks, months, or even years afterward, the wounded warrior and their family members are forced to make decisions about who will provide routine, daily care.

Although it is too early to measure the long-term impacts, these decisions, while absolutely necessary for the recovery and rehabilitation of the wounded warrior, can easily take an enormous toll. Primary caregivers may be forced to take extended leaves of absence or leave their jobs, losing retirement plans, health insurance, savings plans, and benefits in the process. In many cases, the wounded warrior requires personal assistance around-the-clock and may require individualized, daily care that the caregiver is neither trained nor emotionally equipped to handle. At present, these caregivers have virtually no nationwide support network, no regularized benefits, no institutional access to caregiver training, and no means of replacing lost income. The burden thrust upon these families as a result of this gap in the nation's current wounded warrior recovery and rehabilitative strategy often leads to extreme stress, depression, and emotional and psychological turmoil. In turn, this can lead to a downward spiral in the wounded warrior's rehabilitation progress, which can then lead to a greater dependency on government programs, a lifetime of lost productivity, and a collapse of the family unit. Setting aside for a moment the moral cost to our society of this outcome, the ultimate cost in real dollars of failing to address the urgent needs of wounded warrior caregivers is almost certainly much higher than the cost of designing a nationwide wounded warrior caregiver program focused preventively on sustaining family caregiving.

Such a program does not currently exist. Given the very limited and inconsistent wounded warrior caregiver programs and support services now available, families are coping largely on their own. This effectively relieves the VA of costs it should otherwise properly bear. For example, the VA has testified it provides home health services through contract arrangements with some 4,000 home health agencies yet any care provided in the home by a family caregiver currently goes uncompensated, saving the VA considerable amounts of home-care dollars.

Additionally, research has shown that many families consider such services-even if they are available locally-a poor alternative to the care provided by a devoted parent, sibling, spouse, or friend. Home health services vary greatly in both quality and availability. Furthermore, for caregivers who need financial support to enable them to care for their wounded loved ones, the VA has no answer other than to refer them to these same local agencies for possible employment as a health care attendant with one of the contracted home health agencies. These family caregivers are, in many cases, the "first responders" to wounded warriors in need, the first ones to detect new challenges to the veteran's rehabilitation or health, and the ones most capable of implementing a positive response to those challenges. Without an appropriate level of support, many of these family caregivers will simply find themselves unable to cope. Over the long term, such a tragic outcome will ultimately result in an enormous cost to our wounded warriors and to the health care system that will likely be called upon to care for them. WWP strongly believes that legislation is urgently needed to avert such foreseeable tragedies through creation of a nationwide, comprehensive wounded warrior caregiver program. At its core, such legislation would meet a vital need for those seriously wounded warriors who require extensive personal care to reside in their homes and achieve the fullest possible recovery and rehabilitation. This legislation would provide an option not currently available to many seriously injured veterans whose families cannot meet or sustain their loved ones' personal care needs. Informed by the experiences of wounded warriors and their families, we propose a caregiver program comprised of a standardized training and certification program, and a nationwide ongoing support network.

Participation in the program would be based on an objective, clinical determination of a veteran's need for extensive daily caregiving associated with the veteran's inability to perform one or more activities of daily living, or a need for supervision or protection due to disability. Under our proposal, a family member who undergoes training and achieves certification as a personal care attendant, and-where possible with the veteran's assent-elects to provide (or continue providing) the veteran's ongoing personal caregiving, would be provided the support and services needed to sustain that role. These would include: Individual and group counseling for caregivers and their families; A 24-hour hotline for urgent assistance; A monthly allowance on a par with the cost the VA would pay to provide an equivalent level of contract care through local home health agencies; At least 30 days of respite care annually in an age-appropriate facility of the veteran's and caregiver's choosing; and Health care coverage for the caregiver under CHAMPVA. Wounded Warrior Project's proposal is based on extensive research reflected in a comprehensive white paper. We would be happy to provide the Committees with copies of that paper. We are eager to work with you and your staffs to enact meaningful legislation.

**MEDICARE, TRICARE, AND SOCIAL SECURITY DISABILITY INSURANCE:** Wounded Warrior Project is concerned that overlapping TRICARE, Social Security Disability

Insurance (SSDI), and Medicare coverage, and the complex rules governing the availability of these insurance programs for severely disabled veterans, can result in a complete loss of medical insurance for the wounded warrior. That loss of health coverage is altogether at odds with congressional intent and, more importantly, can lead to dangerous periods of non-coverage. In many cases, this can also cause severe financial hardship due to uncovered health care claims and re-enrollment penalty fees. Many veterans who are severely disabled qualify for SSDI as well as Medicare Part A (hospital insurance) and Part B (individual medical insurance). Part A is free, but Part B has a standard monthly premium of about \$100. While receiving SSDI benefits, the Part B premiums are automatically deducted from a veteran's SSDI monthly checks, so the veteran may be unaware that he or she is in fact paying these premiums. In the case of a disabled veteran who has both Medicare and TRICARE coverage, Medicare operates as the primary insurer and TRICARE, the supplemental insurer. Any veteran who is covered by TRICARE and fails, by election or otherwise, to pay the Part B premiums, loses not only Medicare Part B, but also TRICARE coverage. A beneficiary may not re-enroll in Medicare Part B (and consequently TRICARE) until the open enrollment period each year between January and March. Additionally, having opted out of Part B, they must pay a permanent premium penalty once they re-enroll. Veterans must also reimburse TRICARE for any claims paid by TRICARE during the period that coverage lapsed. Many severely disabled TRICARE beneficiaries who are eligible for Medicare opt out of Part B because they mistakenly believe their TRICARE coverage is sufficient medical insurance, and they do not want to pay what they consider unnecessary monthly premiums to Medicare. Under existing law, these veterans lose all medical coverage if they opt out of Part B, even when that opt-out is based on confusion or misinformation. They face a penalty fee, mandatory repayment of TRICARE claims filed during the lapse, and a potentially lengthy waiting period before they can re-enroll. This unnecessarily punitive interface between the Medicare and TRICARE systems is penalizing severely wounded warriors where it hurts them the most-their health care coverage. This result is wholly at odds with congressional intent to provide added, not reduced, health care insurance to these individuals through the Medicare

system. Wounded Warrior Project now seeks to address this harmful and unintended consequence of existing law. WWP seeks to require the Centers for Medicare and Medicaid Services to inform veterans of the consequences of opting out of Medicare Part B and require veterans to acknowledge, in writing, their understanding that TRICARE coverage will terminate if they opt out of Medicare Part B. Additionally, we urge Congress to amend existing law to permit a one-time, special re-enrollment in Medicare for service members or veterans with TRICARE who are Medicare-eligible, but who opt out of Part B. This special re-enrollment period would be retroactive to the date on which the veteran opted out of Part B.

Finally, Wounded Warrior Project advocates for new legislation that would require the Secretary of Defense to pay, from funds appropriated for TRICARE, Part B monthly premiums for a period of two years on behalf of members or former members of the armed services who had been in receipt of SSDI benefits payments but whose SSDI payments, as a result of rehabilitation and a return to gainful employment, have stopped. At the end of this two-year transition period, the veteran would begin to pay Part B premiums directly.

**TRAUMATIC BRAIN INJURY (TBI) AND POLYTRAUMA:** Wounded Warrior Project believes the prevalence of, and complex needs associated with, TBI and polytrauma, or multiple, severe injuries, among returning service members and wounded warriors have exposed gaps, shortcomings, and uneven access to treatment and rehabilitation in the DoD and VA health care systems. Due to advancements in medicine and body armor, an unprecedented percentage of service members in the current conflicts who have been wounded or injured, have survived. In both WWI and WWII, for every U.S. soldier killed, there were 1.7 wounded. In Iraq, for every U.S. soldier killed, seven are wounded. Additionally, there is a high prevalence of polytrauma in our current wars. One in four new veterans claim more than eight service-connected disabilities. Furthermore, exposure to polytrauma necessarily increases the likelihood that a blast-associated brain injury-TBI-was also sustained. Wounded Warrior Project believes this dramatic increase in the number of veterans living with multiple, profound traumatic injuries demands an equally significant increase in the intensity and coordination of health care services to care for their wounds and achieve maximum rehabilitation. The research required to develop evidence-based clinical practice standards for these veterans' rehabilitation is just emerging, and more is needed. Indeed, the VA Polytrauma and Blast-Related Injuries Quality Enhancement Research Initiative has identified priority areas for research, which include the development of data systems to track and monitor patients and care, tools for better coordination of care, tools to support family members in caregiving roles, and screening and evaluation tools. WWP recognizes that VA and DoD have begun these programs to provide needed TBI care, but service members and wounded warriors continue to encounter systemic gaps and access problems. Those needing care cannot be assured of receiving it. For example, according to a 2008 RAND study of those individuals reporting a probable TBI, 57% had not been evaluated by a physician for TBI. Appropriately diagnosing and treating TBI remains a challenge for DoD and VA, and those who are provided treatment may experience problems in the coordination of care, or with integration of needed services. WWP believes wounded warriors with severe TBI should have unfettered access to the fullest range of treatment options, including access to state-of-the-art private rehabilitation facilities. Perhaps even more importantly, congressional direction is not being followed. Despite specific language in the National Defense Authorization Act of 2008 to do so, all service members do not currently undergo pre-deployment cognitive assessments. Establishing a baseline of brain function for

post-injury comparison is vital to diagnosing TBI, and in some cases, to distinguishing it from PTSD. We urge congressional oversight to ensure full implementation of the 2008 NDAA to include not only pre-deployment cognitive assessment testing, but also to ensure severely disabled wounded warriors have access to high-quality care and rehabilitative services, including cognitive rehabilitation. Wounded warriors with TBI must also be provided with effective care-management protocols to address their unique needs.

WWP will continue to advocate for strategic investment in TBI and polytrauma research on effective treatments, rehabilitation, coordination of care and services, and the resources needed to care for wounded warriors with TBI and/or polytrauma. We will also seek legislation that would require an appropriate post-deployment TBI screening, and the completion of a comprehensive care plan before a veteran goes before the Medical Evaluation Board/Physical Evaluation Board. Finally, we support initiatives that will provide more timely and effective access to care and rehabilitation for TBI/polytrauma wounded warriors, including private-sector care at selected Centers of Excellence.

**POST-TRAUMATIC STRESS DISORDER (PTSD) AND OTHER PSYCHOLOGICAL AND MENTAL HEALTH DISORDERS:** Returning service members and new veterans confront institutional and other barriers to needed mental health care in both the military and VA health care systems. "Mental disorders" are among the three most common health problems for which new veterans seek VA care. RAND estimates that approximately 300,000 Operation Enduring Freedom and Operation Iraqi Freedom veterans suffer from PTSD or major depression. Some 20% of returning active-duty service members and 42% of reserve component soldiers have been found to need mental health treatment. The prevalence of mental health conditions among OIF and OEF veterans, and the long-term consequences to their overall health if untreated, make it critical that the VA and the DoD find new ways to diagnose and treat these invisible wounds of war. All too often, these conditions go undiagnosed because the service member is unwilling to seek treatment because of the stigma associated with such a diagnosis. The DoD needs to find creative ways to help assure the service member seeking such treatment that his/her treatment will be kept strictly confidential. Screening is an important component of a comprehensive mental health program for returning service members, but screening alone does not ensure that those found to need treatment will seek it or that the treatment will be accessible, or even effective. To illustrate, one early study found that fewer than 40% of service members who meet diagnostic criteria for a mental disorder actually receive care for it. Many factors contribute to the problem. While returning veterans are eligible for VA care for at least five years, many reside in communities remote from VA medical centers and clinics, and long-distance travel is a formidable barrier to a veteran's practical access to initial and ongoing treatment. Given the prevalence of mental health problems among returning veterans and the substantial barriers to getting needed mental health care through either private insurance or overstretched public systems, without major remedial efforts, many new veterans are likely to go without needed treatment.

Not surprisingly, the RAND study found that of the veterans surveyed, only about half of those with a probable diagnosis of PTSD or major depression had sought help from a health professional. Other factors may inhibit some returning veterans from seeking VA mental health treatment including concerns about confidentiality, perceptions about feeling out of place among older patients in VA facilities, attitudes about the effectiveness of mental health treatment and

medications, and logistical challenges. The growing numbers of suicides among OIF/OEF veterans underscore the urgent need to develop and enact legislation to overcome barriers that impede veterans from getting needed mental health care. We look forward to working with the Committees on this important issue.

**INTEROPERABILITY/SEAMLESS TRANSITION BETWEEN THE DOD AND THE VA:** Wounded warriors often have difficulty obtaining adequate health care and can lose income due to confusing differences between the DoD and VA health care systems. Lack of a seamless interface between these two systems can create significant barriers to adequate health care. These barriers include a confusing array of VA and DoD benefits, incompatible medical databases, limited electronic interoperability, and discrepancies between benefits available to those on active duty and wounded warriors who have been medically retired. These obstacles can also lead to confusion among family members who are forced to determine what is in the best interest of the service member, often without having sufficient understanding of the differences between the two systems. Furthermore, service members who are medically retired and provided retirement pay significantly below their active-duty pay often must wait months or even years to qualify for veterans benefits from the VA. As of October 4, 2008, the VA had 386,458 rating cases pending (80,869 cases were pending over 180 days), which does not include appeals. Additionally, despite improvements, DoD and VA medical databases for patients still remain largely incompatible, and the two systems cannot share significant portions of medical records electronically. Wounded Warrior Project believes this incompatibility significantly prolongs the wait time for veterans trying to qualify for benefits and leads to wasteful and time-consuming documentation and duplication between the DoD and VA health care systems. Additionally, medical retirees often face an abrupt transition to civilian life, which compounds the difficulties created by this incompatibility. It is critical that medically retired wounded warriors receive their VA benefits immediately upon the termination of their active-duty status. Wounded Warrior Project believes that DoD and VA must develop a common disability rating system based on common medical databases, full electronic interoperability between the VA and DoD health care systems, and processes to ensure the seamless transition of wounded warriors from active duty to either medical retirement or civilian life. During the upcoming year, Wounded Warrior Project will continue to seek aggressive congressional oversight of the single disability evaluation system (DES) pilot program, and advocate for further expansion of the program. We will also advocate for oversight and effective implementation of new initiatives designed to create full electronic interoperability and a seamless transition between DoD and VA benefits so no wounded warriors are denied access to optimum care.

**VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E) PROGRAM AND THE GI BILL:** The existing VR&E structure does not fully address the needs of, or anticipate the future volume of, new veterans who require such services. Additionally, confusion exists about how the new GI Bill and VR&E interrelate. In September of 2008, in response to a congressional mandate, VA formed the Advisory Committee on VA Disability Compensation and Related Benefits to examine all aspects of the VA disability compensation system, including the VR&E program, and recommend changes to VA. Wounded Warrior Project attends each of these public meetings and when invited, participates in the subcommittee discussions. The Advisory Committee is focused on a complete review of the VR&E program and an examination of its relation to the new GI Bill. VR&E's primary goal is to assist service-connected disabled veterans who have employment handicaps in preparing for, securing, and maintaining employment, or achieving maximum independent living skills. VR&E programs cover many of their vocational

needs. Some of the specific services offered include aptitude testing, services for the blind and deaf, assistance with independent living services, training and employment services. VR&E uses their five-track model, developed as a result of a recommendation from the VR&E Task Force established by former VA Secretary Anthony Principi. This five-track system was designed and implemented so eligible veterans could make an informed choice from the following options:

1. Reemployment with a previous employer
2. Immediate access to employment
3. Traditional education or training (typically a two- or four-year college degree)
4. Entrepreneurship
5. Independent living services

When future employment requires training or higher education, the VA pays the veteran monthly allowance rates in addition to paying the cost of tuition, books and fees. The maximum monthly amount distributed to a veteran with two dependents who is training in an institution of higher learning is \$761. Wounded Warrior Project believes that at a minimum these rates should meet or exceed the levels provided for under the new GI Bill. Wounded Warrior Project also supports an increase in the number of VR&E counselors and a closer collaboration with the Department of Labor's Veterans' Employment and Training Service (VETS) from the beginning and throughout the VR&E experience. Through its Independent Living Program, VR&E assists veterans who have such severe disabilities that they are unable to maintain suitable employment. This program assists veterans by helping them develop the necessary skills to live independently, become active in their communities, and increase their potential to return to work. These programs focus largely on veterans with single, physical disabilities.

Unfortunately, injuries such as TBI, PTSD, and polytrauma are the signature wounds of the nation's current wars. For example, a 2004 VR&E Task Force found that veterans with mental health conditions were the single largest group of veterans for whom an employment plan was not considered feasible. Thus, they should be enrolled in a program of independent living if otherwise eligible. Wounded Warrior Project does not believe that current VA rehabilitation programs adequately address the prevalent class of OIF/OEF injuries. The Post-9/11 Educational Assistance Act of 2008 provides for all those who served on active duty for at least 90 aggregate days on or after September 11, 2001, to receive partial or total funding to attend a U.S. school authorized to grant an associate (or higher) degree. Those who qualify for the new GI Bill may also receive benefits for tutorial assistance or up to \$2,000 in reimbursement for a licensing or certification test. The new GI Bill benefits are only payable for training received on or after August 1, 2009. Confusion exists about how the new GI Bill and the VR&E program interact or overlap, if at all. Wounded Warrior Project believes VA should issue guidance specifically addressing and delineating the roles and benefits of the new GI Bill and VR&E for disabled veterans. Wounded Warrior Project will continue to advocate for a thorough re-examination of the VR&E program, its services, and its objectives. These are Wounded Warrior Project's priority issues for the 111th Congress. To reiterate, while all of these issues are vital to the successful rehabilitation of our nation's newest generation of wounded warriors, the creation of a robust nationwide family caregiver support program is, by far, the most urgent. Progress is being made, albeit slowly, in an effort to address the serious problems surrounding the remaining four issues. However, support for family caregivers of the severely wounded simply does not exist in any meaningful way at present. This must change. Wounded Warrior Project believes that a very

modest investment of resources this year can establish a comprehensive Wounded Warrior Family Caregiver Program, which could significantly reduce long-term care costs of severely wounded warriors. Far more importantly, such a program could quite literally help save lives and sustain families that might otherwise be devastated by the heavy burden they shoulder. Thank you, Mr. Chairman, for the opportunity to address you today. Wounded Warrior Project looks forward to working with the members of the 111th Congress, as together we seek to honor and empower America's newest generation of wounded warriors who have borne the battle and returned to a grateful nation. I would be happy to answer any questions or provides responses for the record.