

Chairman Daniel K. Akaka

Caring for the Families of Wounded Warriors

Good morning and welcome to today's hearing.

One tragic effect of the ongoing wars in Iraq and Afghanistan is the toll on servicemembers and their families. This toll will be felt for years, or entire lifetimes, to come.

We know that lives are disrupted, life-long plans put on hold, and families damaged as veterans struggle to deal with their service-connected wounds.

This morning, we will hear from the fathers of two severely wounded veterans who suffered traumatic brain injuries. Sadly, these parents have stories of unfulfilled expectations. They are working with a system that is often too slow to respond. They were forced to look for help elsewhere when VA failed them. Their sons are part of a relatively small group of veterans suffering from TBI. It is outrageous that they continue to face these challenges with the VA system. This is not - at this point - an issue of funding. It is an issue of priority and focus. And that is truly unacceptable.

Parents should not have to fight VA to ensure their children receive the therapy and care they earned and need. Spouses should have access to the tools and professional help that will hold their families together in these most trying times. I am hopeful that our second panel will be able to shed some light on solutions to these problems.

There has been much attention placed on improving the disability process for those with injuries sustained in battle. As a Committee, we have also studied TBI and mental health programs that provide services directly to veterans. Today, our focus is the burden on families of veterans. The fathers, mothers, and spouses of those who have sustained serious injury have already given so much. They cannot, and should not, be caring for veterans all by themselves.

Our witnesses from DoD and VA will speak to the services and assistance currently available to families, and improvements they are working on for the future. I am very interested to learn what can be done to bridge the persistent gaps in care and case management, especially for those

who have been severely injured. The joint "DoD and VA Senior Oversight Committee" has made great progress, and I commend the two Secretaries for taking on these long standing problems. But we must push forward, with so much still to be done.

The problems exposed last year at Walter Reed Army Medical Center shed light on a host of systemic failures - plaguing the care of wounded warriors. Several commissions and advisory bodies weighed in on how to improve the benefits and services provided to these individuals. A number of these recommendations were included in the Wounded Warrior provisions of the 2008 National Defense Authorization Act, which became law this January. Still, much more needs to be done.

A consistent theme echoed by those who have studied transition issues is the need for improvement in the family support services offered by both DoD and VA. Historically, VA, in contrast to the military, has focused solely on providing care to the veteran. As we will hear from our first panel, this narrow mission is no longer enough. The reality is that families are an integral part of the treatment, rehabilitation and recovery of disabled veterans. Yet they face bureaucratic hurdles and gaps in service once their loved one separates from the military and becomes a veteran. Five years after the invasion of Iraq, VA still has few programs available to serve families, and is hampered by a lack of statutory authority to do more.

Legislation passed by this Committee in 2006 directed VA to conduct a pilot program to enhance support and training for family members and other caregivers of disabled veterans. The program is now operational in eight locations. I am hopeful that this pilot program will be a success that we can expand to more locations in the future. Last year, Congress directed VA to develop "individual rehabilitation" and "community reintegration" plans for veterans suffering from traumatic brain injuries, and assigned Federal Recovery Care Coordinators to manage the plans. These are all good first steps. But challenges remain.

In closing, VA must recognize that family support is an integral part of its mission. VA must overcome obstacles stopping it from incorporating family members into the care, rehabilitation, and recovery process. To paraphrase President Lincoln, we have an obligation to help those families who have borne the burden of the battle.

A special thanks to our witnesses, especially those who are here to share personal stories. We are deeply in your debt, and we thank you for the service and sacrifices you and your loved ones have made for this country.