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TESTIMONY OF THE WOUNDED WARRIOR PROJECT (WWP)

TO THE SENATE COMMITTEE ON VETERANS AFFAIRS

REGARDING VA AND DOD COLLABORATION:

REPORT OF THE PRESIDENT'S COMMISSION ON CARE FOR

AMERICA'S RETURNING WOUNDED WARRIORS; REPORT OF

THE VETERANS DISABILITY BENEFIT COMMISSION; AND

OTHER RELATED REPORTS

Prepared by:

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Mr. Chairman, Senator Burr, Members of the Committee, thank you for the opportunity to testify today regarding the various reports, commissions, and task forces completed to date addressing the needs of our nation's wounded servicemembers. My name is Meredith Beck, and I am the National Policy Director for the Wounded Warrior Project (WWP), a non-profit, non-partisan organization dedicated to assisting the men and women of the United States Armed Forces who have been injured during the current conflicts around the world. As a result of our direct, daily contact with these wounded warriors, we have a unique perspective on their needs and the obstacles they face as they attempt to reintegrate into communities across America.

Due to the broad range of topics covered by this hearing, I would like to limit my comments to those that WWP finds most pressing.

Commission Reports:

With respect to the reform of the disability evaluation system, the Wounded Warrior Project strongly supports the spirit and intent for which the Dole-Shalala and Veterans Disability Benefits Commissions were established. WWP agrees with the finding of both reports that the current benefits system places too little emphasis on veterans' recovery, rehabilitation, and reintegration into the community. For those who are able, incentives to participate in Vocational Rehabilitation programs, educational opportunities, and reintegration into the workforce could lead to a better, healthier life. In addition, under the current system, Individual Unemployability

ratings are necessary for some, but others are often burdened at a young age to choose between potentially beneficial a vocational experience and needed compensation. Periodic evaluation, gradual reduction in compensation rather than abrupt termination, and improvements in the compensation structure for warriors with Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) would result in a more effective system that enables wounded warriors to successfully reintegrate to civilian life. WWP believes these principles must be taken into consideration during discussions on modernizing the current disability compensation system. Any significant changes should require ultimate Congressional approval.

WWP also strongly supports removing the Department of Defense (DoD) from the disability rating process. DoD and the Department of Veterans Affairs rating systems are currently confusing and overly burdensome. Currently, the Department of Defense assesses a service member's fitness for duty and then assigns a rating based on the injury that made him/her unfit. Following this determination, the Department of Veterans Affairs performs yet another physical examination to rate the veteran for all service-connected injuries, and, depending on the rating level, the veteran could then become eligible for a myriad of benefits. Unfortunately, ratings are not assigned in a vacuum-lost records, lack of resources, ineffective training, and inconsistencies in the interpretation of regulations by both agencies are often cited as reasons for the extended period of time required to assign a disability rating. A system such as the ones proposed by the Commissions would encourage a more efficient and fair evaluation and remove one of the most frustrating aspects of an already difficult process.

WWP would like to make another recommendation. A servicemember should not be retired until he or she has a VA rating in place. This would prevent severely injured servicemembers from experiencing a long gap between their military retirement and eventual receipt of VA compensation. Additionally, as DoD would be responsible for paying servicemembers until their retirement, DoD would be encouraged to quickly share medical records to expedite the process.

WWP believes that a comprehensive review of the disability compensation and benefits delivery system is needed. However, we are deeply concerned that the inclusion of provisions to overhaul the existing veterans' disability compensation system in the same package as health and transition related recommendations is an unnecessary distraction from these important health and transition proposals. Any legislation implementing compensation related recommendations must be carefully crafted to ensure the most beneficial outcome for those who have sacrificed in service to this country. However, as many of us recognize that the current disability ratings system suffers from significant shortcomings which have become more apparent with the passage of time, we must use our passion to encourage honest discussion to resolve these issues. Veterans deserve a thoughtful and deliberate process for reform of the disability compensation system, with appropriate Congressional oversight.

WWP is very pleased that the Dole-Shalala panel recognized the need for education and training of the family members. Specifically for the family members of those with severe TBI who often have to leave their jobs, WWP also supports payments to caregivers similar to those already in place at the San Diego VA medical center for spinal cord injury patients. This program offers training and makes eligible for payment those family members who become certified as personal

care attendants. This often removes at least part of the financial burden incurred by those with severe injuries.

WWP also strongly supports the Dole-Shalala recommendation to implement a recovery plan that promotes "prompt" care in "the most appropriate facility." With respect to traumatic brain injury, legislation currently exists to facilitate such a recommendation. Section 203 of the Senate version of HR. 1538 would allow the Secretary of the VA to refer patients to non-department facilities if the Secretary is unable to provide the required treatment OR, even more importantly, for whom the Secretary determines that such a referral is optimal for their recovery and rehabilitation. In order to comply with our obligation to offer these wounded warriors the best care possible for their respective injuries, these facilities must be readily available as an option for their care.

#### DoD/VA Collaboration

With respect to DoD/VA collaboration, while there are still many issues to address, WWP has been very impressed with the level of involvement of the leadership of both DoD and the VA in the Senior Oversight Committee (SOC) formed to address these issues. As recommended by the Dole-Shalala Commission, the SOC is in the process of improving the case management process through the creation of a recovery coordinator. However, the recovery coordinator can only be successful if he/she has the authority to break through the current barriers within both agencies. Part of that authority would have to include the overlap of benefits and services about which WWP has previously testified and which is included in the Senate version of H.R.1538, The Dignified Treatment of Wounded Warriors Act. An overlap would allow the recovery coordinator to access DoD and VA systems necessary to ensure the proper care and rehabilitation of severely injured servicemembers. Each agency has its own strengths, why base access to care on the status of a servicemember as active duty or retired rather than on the medical condition?

The skills and previous experience of the recovery coordinator are extremely important to their success. In the past, both agencies have based their hiring criteria for similar positions solely on education level. WWP is concerned that the agencies will once again rely on education level alone and exclude eminently qualified candidates with good problem solving skills and institutional knowledge.

It is not only DoD and VA who need to collaborate more fully. Others such as the Social Security Administration, Medicare, the Department of Labor, and private entities need to be included in these discussions. For example, an injured servicemember recently contacted WWP because he was understandably confused. He had been rated as unemployable by the VA but was told he did not qualify for Social Security Disability benefits because he was able to work. Additionally, the Social Security Administration had a difficult time accessing DoD records necessary to evaluate his claim. These agencies must work together to resolve inconsistencies in their policies or the often stated goal of "seamless transition" will never be achieved.

Finally, it is imperative that a joint, permanent structure be in place to evaluate changes, monitor systems, and make further recommendations for process improvement. This office must be structured to minimize bureaucracy and must have a clearly defined mission with the appropriate authority to make necessary changes or recommendations as warranted. With the passage of

time, as veterans issues fade from the national spotlight, it will be necessary to have a joint structure in place to ensure future agency coordination.

Mr. Chairman, thank you again for the opportunity to testify before you today, and I look forward to answering your questions.