WOUNDED WARRIOR PROJECT®

TESTIMONY OF
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WOUNDED WARRIOR PROJECT

BEFORE THE
COMMITTEES ON VETERANS AFFAIRS
OF THE
SENATE AND HOUSE OF REPRESENTATIVES

MARCH 12, 2014

Chairmen Sanders and Miller; Ranking Members Burr and Michaud; and Members of the Committees:

Thank you for inviting Wounded Warrior Project to present our 2014 policy agenda at this joint session. I am testifying this morning not only as a member of the board of directors of WWP, but also as a wounded warrior myself.

Through the course of our long, costly overseas operations, thousands upon 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 rebuild their lives – enacting legislation, pressing for increased VA program funding, demanding improvements in claims-adjudication processes, and more.

We at Wounded Warrior Project (WWP) have been your partners. Today we are celebrating the ten-year anniversary of our founding and our growth from very modest volunteer efforts to a strong national organization that operates a near-comprehensive set of programs. But our experience in serving wounded warriors every day tells us that the job is far from done. It's increasingly clear that some of the least visible wounds among warriors of this generation are having the most devastating long-term impact. We recognize that we need to be here for the long haul. And we're committed to that.

Our Nation's Debt to Wounded Warriors: Obligations Still Unmet

Our great country has recognized the deep debt owed these wounded warriors. But we must also acknowledge that, despite all that's been done to date, the job remains incomplete. Many of our warriors are still struggling, and too many are at risk of continued and even greater problems in the years ahead. As a nation, we must anticipate these veterans' needs – not only today's needs, but tomorrow's and those of a decade and more in the future. And we must plan for and move toward meeting those needs.

Of course there are warriors like myself who are doing well. We have good jobs or are working toward bright futures.

But most wounded warriors are not so fortunate. Many struggle with depression, anxiety or PTSD. Chronic pain haunts many of our combat-injured. Many have not found life-direction or purpose. Thousands with severe traumatic brain injury experience terrifying memory loss, cognitive challenges, and wide-ranging behavioral issues, despite having recovered physically.

Yes, VA provides important, wide-ranging benefits and services, and its budgets have fared relatively well through a period of tight funding, particularly in such key areas as mental health. You may ask, "what more can be done?" Let me suggest that we be clear on the goal. Military medicine and logistics have saved the lives of thousands of post 9/11 warriors who might not have survived those injuries in earlier wars. But surely this nation, which so generously thanks these warriors for their service, want these wounded combatants not just to heal but to thrive – to be the most well-adjusted generation of wounded warriors in our Nation's history.

Let me share some data from WWP's most recent annual survey of July 2013[1] that documents how far we still are from that goal. Some 85% of our approximately 14 thousand respondents sustained serious injuries or health problems in Iraq or Afghanistan, with 63% having been hospitalized as a result. More than two-thirds reported having sustained between three and seven injuries or health conditions. The three most commonly reported health problems were PTSD (75.4%), anxiety (73.9%), and depression (68.8%). More than 44% experienced traumatic brain injury. Some 15% have a spinal cord injury. Almost 60% of these injuries resulted from blast injuries, including IED's, mortar, grenade and bombs.

More than half of respondents rated their overall health as only fair or poor, with 54% stating that their health limits them a lot in undertaking vigorous activities. More than 25% said they need the aid and attendance of another person for more than 40 hours weekly because of their injuries or health problems. Military experiences are still affecting many in seriously adverse ways. More than two-thirds reported having had a military experience that was so frightening, horrible or upsetting that they had not been able to escape from the memories or effects. More than 48% reported having trouble concentrating, about 43% had little interest or pleasure in doing things, and more than 42% said they had sleep problems. Overall, the survey results indicate that for many, the effects of mental and emotional health problems are even more serious that the effects of physical problems, with more than 25% reporting being in poor health as a result of severe mental health conditions..

While the survey showed that many wounded warriors have ongoing health care needs, they sometimes have difficulty getting that help. Some 55% reported that they had seen a professional to get help with issues such as stress, substance-use, emotional problems or family problems. But 34% did not get the care they needed. The reasons included inconsistency or lapses in treatment (41%), feeling uncomfortable about the resources available to them through DoD or VA (32.5%), concern about future career plans (28%), feeling that they would be considered weak (24.6%), and believing that they would be stigmatized by peers or family

[1] Franklin, et al., 2013 Wounded Warrior Project Survey Report, (July 2013).

(22%). Respondents reported the top resource they had used since deployment to address their mental health problems was talking with another OEF/OIF veteran (56.7%).

Despite an improving economy, the unemployment rate among our respondents in the labor force is 17.8% (basically unchanged since 2012). Of those who were not actively looking for work, the main reason (59%) was medical/health-related. Warriors cited many factors that made it difficult to obtain employment or change jobs, including mental health issues (29.7%), lack of qualifications or education (22%), physical limitations (21%), and lack of confidence (15%). Survey findings show that financial issues are a concern for many warriors. Only 19% said their financial status was better than a year ago, while 39% said it was worse. Unemployment, no college credits, and severe mental or physical injuries are associated with responses of a worse status.

Surely these statistics add up to a single point for your Committees. <u>There can be no higher priority than to help our wounded fully recover, readjust and rehabilitate their lives!</u> And if we are to be true to President Lincoln's call that we care for those who have borne the battle, there is much more work to do! Your Committees have a strong record of legislative accomplishment. But there's still hard work ahead to make the promise of those laws a reality.

<u>Rehabilitation from Traumatic Brain Injury: An Unfilled Promise</u>

Let me offer an important example. Your Committees adopted bipartisan legislation authored by Senator Boozman and Congressman Walz to improve long-term rehabilitation of veterans with traumatic brain injury; those provisions were enacted in 2012.[2] That law requires VA to put two important policies in place. First, it directs VA to provide veterans who have moderate and severe TBI with rehabilitation of <u>ongoing</u> duration to sustain, and prevent the loss of, functional gains. Second, it calls for VA to provide ANY community-based services or supports that may contribute to maximizing that veteran's independence. Shortly after the law's enactment, VA took the position that it was already in compliance and that no further action was needed. Unfortunately, VA is NOT meeting the law's requirements.

Following up on reports from caregivers and warriors, we initiated a survey just last month of more than two thousand caregivers of warriors with severe and moderate TBI and found no evidence that VA has implemented the law or that the practice patterns that the law aimed to change have been altered to any measurable extent.

It remains common for warriors to have TBI rehabilitative services discontinued by VA either after a set number of treatment sessions (or days of care) or on the basis of a judgment that the warrior has "plateaued." Caregivers reported that efforts to have VA provide services had mixed results. Often those requests were denied, frequently (for 40% of respondents) with no explanation given. Warriors and caregivers are apparently often left to their own devices to continue the warrior's rehabilitation, with two-thirds of respondents indicating that VA rarely if ever contacts them (though a handful have weekly communication). The upshot is that 25% are paying out-of-pocket for services that VA is not providing. One-quarter of those pay more than $300 monthly out-of-pocket to provide rehabilitative services.

[2] Public Law 112-154, sec. 107.

While some caregivers did express satisfaction and appreciation for VA's services and clinical professionalism, the responses predominantly reflected frustration:

> *"…a lack of understanding of how a veteran with severe tbi will need some ongoing rehabilitation to maintain gains…"*
>
> *"Service providers are overloaded and [there is] lack of continuation of care…"*
>
> *"The stance of VA has been that if the warrior sustained injury more than 18 months ago cognitive therapies will not benefit him (which is absolutely false)"*
>
> *"VA gave up on him. But I didn't. I kept teaching him to count & read & write. I took him to the gym and got him lifting weights until he could raise his hand above his head & walk for 20 minutes without falling. I looked up nutrition and fed him to get him to gain back some of the 50 pounds he lost. I'm the one who does everything for him."*
>
> *"…[T]he lack of help from VA takes its toll on my husband and our family…"*

While the law calls for VA to cover a broad spectrum of services for veterans with moderate to severe TBI -- including non-medical services -- to help the warrior achieve maximum independence, VA policy provides no guidance whatsoever on what services it will cover. Caregivers are understandably deeply frustrated about that, even as they cite a wide range of services and supports that would be helpful, and that in some instances they pay for on their own.

This void in policy direction and guidance regarding TBI-rehabilitation has clearly frustrated congressional efforts to improve the rehabilitation of warriors with TBI. It has also resulted in what appears to be wide disparity from facility to facility in what services are provided or authorized. (WWP is aware, for example, of instances where patients with similar levels of brain-injury impairment receive vastly different levels of support, apparently reflecting budget limits set by individual facilities.) VA could easily avoid this ambiguity regarding coverage and the disparate levels of coverage. In comparable circumstances, VA has published clear policy on what benefits and services it will provide. To illustrate, VA regulations promise a comprehensive package of well-defined benefits to even a non-service connected veteran who lacks special priority but who has enrolled for VA care.[3] Similarly, with respect to mental health care services, the Veterans Health Administration has published a uniform mental health services handbook that sets forth the array of services VA facilities are expected to provide.[4] It is more than troubling that warriors who have sustained profoundly life-changing brain injuries resulting from weapons-fire and IEDs have no comparable VA roadmap, and that the VA services and

[3] 38 C.F.R. sec. 17.38.

[4] Veterans Health Administration, "Uniform Mental Health Services in VA Medical Centers and Clinics, VHA Handbook 1160.01 (Sept. 11, 2008). accessed at http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762

supports they may receive depend on the happenstance of geography or widely disparate clinical or administrative practices.

The bottom-line is that warriors and caregivers are still waiting for implementation of an important law. You have passed legislation that says, in essence, that VA's responsibility to further the veteran's rehabilitation does not end when he or she is able to return home. For many, the rehabilitative journey only starts at that point. We ask your help to press the Department to act!

The Caregiver-Assistance Program: Completing the Job

We draw your attention to another area where VA has yet to implement fully a statutory requirement. More than two years after initial implementation of the 2010 caregiver-assistance law, VA still has not answered – let alone remedied – problems and concerns that WWP and other advocates raised regarding the Department's implementing regulations. For example, those regulations leave "appeal rights" unaddressed (including appeals from adverse determinations of law). They set unduly strict criteria for determining a need for caregiving for veterans with severe behavioral health conditions, including veterans with traumatic brain injury. And their vagueness in terms of clinical decisionmaking invites arbitrary, inconsistent decisionmaking. These are serious issues. We ask your help in resolving these long-outstanding concerns, as well as in easing detailed VBA reporting and oversight requirements on VHA-recognized caregivers who are also fiduciaries for their loved ones (as provided for in House-passed H.R. 1405).

Mental Health Care: Make It a Real Priority

Your oversight has been important! As we've noted, wounded warriors have experienced very high rates of PTSD and combat-related mental health conditions. VA has said that mental health care is among its priorities, and it has taken some steps to ease problems highlighted in your respective oversight work. But here too there remain serious problems and wide disparity from facility to facility. Your earlier oversight prompted VA to take some action. But those steps have not gone far enough to solve fundamental problems. VA did increase mental health staffing, but we see evidence that the allocation of those new employees did not meet the staffing needs of many VA facilities, and that VA's staffing target was too low. VA did also take steps to respond to concerns about timely access to mental health care. As a result, initial mental health appointments are generally being scheduled within 14 days. But there's a difference between being "seen" once initially and actually starting treatment, which may not occur for weeks. And waiting times between treatment sessions is often lengthy – compromising the effectiveness of that treatment. For many warriors whose training is to "soldier on" and "tough it out," asking for help – especially mental health care – is a long-delayed last step. When warriors who are at the end of their rope finally seek help at a VA medical center and are "seen" within 14 days but told they must wait six weeks or longer to begin therapy, one should not be surprised if they experience deep frustration or even despair. Such deferred treatment can set the stage for potentially tragic outcomes.

We don't suggest that these are simple problems. In fact, they are multi-layered. There remain facilities that need additional mental health staff. Others are also plagued by so basic a problem as lack of enough treatment rooms in which to meet privately with patients. VA has some mental-health performance metrics; but they don't assure that patients are actually getting better since none measure mental health patient outcomes. It is just not good enough to say that VA is "seeing" high percentages of veterans for mental health conditions when treatment is sporadic or is limited to provision of medications – as it is for too many of our warriors. The issue is not just "access to treatment," but access to timely, effective treatment.

VA rewards facilities for providing evidence-based mental health care for PTSD – where veterans are provided 8 treatment sessions over a 14-week period. But warriors who have been traumatized by the death of battle buddies or by an IED's exploding under their vehicles or by witnessing a suicide bomber's destroying a crowded marketplace are not likely to have that profound trauma erased by just 8 treatment sessions. Yet VA clinicians report that their facilities are not staffed to provide for these warriors' continued mental health treatment needs. We owe these combat veterans more than 8 office visits!

In short, these problems are soluble, but they require long-term commitment. We urge your Committees to work to close the still-wide gaps in VA's mental health care system and to ensure that timely, effective mental health care becomes the norm, not simply a distant goal.

Improve the VR&E Program

We ask your Committees to address another high-priority concern. With military careers often cut short by life-altering injuries, it is particularly important that this generation of wounded warriors be afforded the tools, skills, resources, education, and support needed to secure employment and develop fulfilling careers. Congress designed the VA's Vocational Rehabilitation and Education (VR&E) program to give disabled veterans the help they need to gain success in the workforce, and it should be a key transitional pathway for wounded warriors. But too often the program is failing them.

Wounded warriors and WWP's field staff – who work daily with our wounded warriors across the country – report wide-ranging variability in program administration and education/employment plan approvals, counselor skills, experience, understanding of battle-incurred TBI and PTSD, and interpretation and knowledge of the program's services. Though some warriors report positive experiences and have worked with dedicated counselors, this represents the exception and not the norm.

Our most recent annual survey of wounded warriors found that only about 20 percent were using VR&E while 54 percent opted to use the Post 9/11 GI Bill to finance their education.[5] Given that VR&E provides counseling and other supports and is limited to service-connected disabled

[5] Franklin, et al, 2013 Wounded Warrior Project Survey Report, 71. The percentage of alumni using the Post 9/11 GI Bill has continued to increase (53% in 2012, some 46% in 2011, and nearly 28% in 2010) while the percentage of alumni reporting the use of VR&E continues to decline (21% in 2012, down from almost 25% in 2011, and some 36% in 2010).

veterans, it is striking that the majority of our alumni are selecting the Post 9/11 GI Bill - which does not provide the counseling and assistance that VR&E offers. Some reported that the Post 9/11 GI Bill is easier to access and a swifter means to get an education, while others cited it as providing freedom to pursue their choice of course of study, "not what the vocational counselor tells them."

Warriors have reported instances of VR&E counselors challenging their employment aspirations by denying them access to their program of choice and pressing them instead to pursue "any job" as a goal. In other instances, wounded warriors seeking to go back to school to earn a second degree – to better compete in the job market – have met objection from counselors who view VR&E simply as a "jobs program." Still, others, particularly those with TBI and PTSD, have encountered VR&E counselors who do not appear to understand those conditions.

Additionally, warriors report delays in receiving VR&E services, difficulty communicating and scheduling with their counselors, and reduced opportunities to achieve successful and timely rehabilitation. The size of counselors' caseloads has particularly limited their ability to provide adequate on-going support and assistance to veterans throughout the course of their education or training program, especially to those with TBI and PTSD who need such supports.

The following comments are emblematic of the experiences of many:

"In my experience working with Voc Rehab counselors, many of my veterans were exasperated by their counselors and oftentimes felt as though their counselors had such a large caseload that they were not getting the attention needed… and more often than not being brushed off when they asked for assistance."

"While many of the Voc Rehab staff are sensitive to the veteran's needs, they do not seem to, as a whole, have an understanding of where the veteran is coming from… they are quick to write off a veteran's career choice due to their disability rather than take into account things such as passion, determination, and drive."

"Many veterans have to justify why they want a specific degree or [employment goal] and that doesn't always match up with what the counselor believes that veteran can be successful at based on their history or [medical] diagnosis."

The recent Government Accountability Report on VR&E highlights the program's workload management challenges and gaps in VR&E staff training.[6] The wide variability in counselor caseloads among the regional offices is particularly concerning, as is the fact that the program is just now – at the end of 2013 and into 2014 – providing new staff training courses on mental

[6] U.S. Government Accountability Office, "VA Vocational Rehabilitation and Employment: Further Performance and Workload Management Improvements Are Needed," GAO-14-61 (2014).

health to improve counselors' ability to assist veterans with PTSD and other mental health issues.[7]

VR&E counselors need to be sensitive and not only understand the struggles, but also the strengths, of warriors with TBI and PTSD so that they, in turn, can help warriors recognize that they are not "broken," but continue to have great potential. They must be partners in the warriors' rehabilitation, not critical gatekeepers who too readily dismiss "unrealistic" aspirations. In working with this generation, counselors must also understand the very profound disorientation experienced by warriors whose lives and life-plans have been upended and out of their control. As one put it, "For me the most difficult part [of the transition] is finding purpose. [I] never really had to think about my purpose when I was in the Corps."[8] A VR&E counselor must have the sensitivity, training and experience to help that warrior find new purpose, or to link him to appropriate professional help. But even the most capable, empathetic counselor – challenged with 150 other "cases" to manage – is unlikely even to have sufficient time to provide that warrior the needed level and kind of support. More appropriate staffing levels must be a component of refocusing and re-energizing this important program. In all, we urge your Committees to make the VR&E program a greater priority through budgetary, programmatic, and outcomes-based action.

In highlighting a subset of our highest priority concerns this morning, we by no means intend to retreat from ongoing advocacy on other important issues. Among these, we urge your continued efforts to have VA improve its provision of care related to military sexual trauma (MST) and its adjudication of mental health conditions based on MST. Much more work must be done in the area of pain-management where VA access to comprehensive non-pharmacologic services is still highly variable from facility to facility. With one in four of our warriors having suffered an amputation, we ask your Committees to remain focused on VA's prosthetics program and on the importance of VA's mounting a resurgence in prosthetics research. We ask you too to embrace our concern that our warriors become economically empowered. We have emphasized the importance of improving the VR&E program, but there is also more to be done to overcome on-campus challenges facing wounded warriors where many schools could be doing more to support service-disabled warriors.

Unfortunately, many of the issues we've emphasized this morning were the subject of my remarks to your Committees when I testified before you three years ago. There has been modest progress, but there is much more to be done. We look forward to working with the Committees to realize the changes needed to help our wounded warriors achieve the goals to which we all aspire.

[7] Id. at 27 and 32.
[8] Franklin, et al., 2013 Wounded Warrior Project Survey Report, 108 (July 2013).