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MILITARY PERSONNEL POLICY, DEPARTMENT OF DEFENSE AND MS. KRISTIN DAY,
CHIEF CONSULTANT, CARE MANAGEMENT AND SOCIAL WORK, DEPARTMENT OF
VETERANS AFFAIRS

STATEMENT OF

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AND

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BEFORE THE UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

11 March 2008

Good morning. Mr. Chairman, Ranking Member Burr, distinguished Members of the Committee, we deeply appreciate your steadfast support of our military service members and veterans and welcome the opportunity to appear here today to discuss improvements implemented and planned for the care, management, and transition of wounded, ill, and injured service members and recovering service members. We are pleased to report that, while much work remains to be completed, meaningful progress has been made through improved processes and greater collaboration between the Department of Defense (DoD) and the Department of Veterans Affairs (VA).

The Administration has worked diligently - commissioning independent review groups, task forces and a Presidential Commission - to assess the situation and make recommendations. Central to our efforts, a close partnership between our respective Departments was established, punctuated by formation of the Senior Oversight Committee (SOC) to identify immediate corrective actions and to review and implement recommendations of the external reviews. The SOC continues work to streamline, de-conflict, and expedite the two Departments' efforts to improve support of wounded, ill, and injured service members' and veterans' recovery, rehabilitation, and reintegration.

Specifically, the SOC has endeavored to improve the Disability Evaluation System, established a Center of Excellence for Psychological Health and Traumatic Brain Injury, established the Federal Recovery Coordination Program, improved data sharing between the DoD and VA, developed medical facility inspection standards, and improved delivery of pay and benefits.

Senior Oversight Committee

The driving principle guiding SOC efforts is the establishment of a world-class seamless continuum that is efficient and effective in meeting the needs of our wounded, ill, and injured service members, veterans and their families. The SOC is composed of senior DoD and VA representatives and co-chaired by the Deputy Secretary of Defense and Deputy Secretary of Veterans Affairs. Its members include: the Service Secretaries, the Chairman or Vice Chairman of the Joint Chiefs of Staff, the Service Chiefs or Vice Chiefs, the Under Secretaries of Defense for Personnel and Readiness and Comptroller, the Under Secretaries of Veterans Affairs for Benefits and Health, the Office of the Secretary of Defense General Counsel, the Assistant Secretary of Defense for Health Affairs, the Director of Administration and Management, the Principal Deputy Under Secretary of Defense for Personnel and Readiness, the Assistant Secretary of Veterans Affairs for Policy and Planning, the Deputy Under Secretary of Defense for Plans, and the Veterans Affairs Deputy Chief Information Officer. In short, the SOC brings together, on a regular basis, the most senior decision makers to ensure wholly informed, timely action.

Supporting the SOC decision-making process is an Overarching Integrated Product Team (OIPT), co-chaired by the Principal Deputy Under Secretary of Defense for Personnel and Readiness and the Department of Veterans Affairs Under Secretary for Benefits and composed of senior officials from both DoD and VA. The OIPT reports to the SOC and coordinates, integrates, and synchronizes work and makes recommendations regarding resource decisions.

Major Initiatives and Improvements

The two Departments are in the process of implementing more than 400 recommendations of five major studies, as well as implementing the Wounded Warrior and Veterans titles of the recently enacted National Defense Authorization Act (NDAA), Public Law No. 110-181. We continue to implement recommended changes through the use of policy and existing authorities. For example, in August 2007, the Secretaries of the Military Departments were directed to use all existing authorities to recruit and retain military and civilian personnel who care for our seriously injured warriors. This morning, we will focus on the major initiatives underway to reform care/case management.

Care/Case Management

Since the beginning of Operation Enduring Freedom (OEF) in October 2001, the DoD, the Military Services, and VA have undertaken significant efforts to identify and support the full range of medical and non-medical needs of the wounded, ill, and injured service members, veterans, and their families.

The joint DoD/VA reform of care/case management falls under the auspices of SOC Line of Action Three (LoA 3), Care/Case Management, which is tasked with designing a system to provide continuity of quality care and service delivery for wounded, ill, and injured service members, veterans and their families from recovery to rehabilitation and reintegration. At the core of this reform effort are two fundamental convictions: First, that it is our honor and duty to help all wounded, ill, and injured service members, veterans, and their families go beyond "survive" to "thrive." Second, that the creation of a truly integrated process involves inter-Service, interagency, intergovernmental, public, and private collaboration in the development and application of policies, procedures, programs, and professionals that serve and support those we honor.

VA is able to provide limited services to family members, which includes members of the immediate family, the legal guardian of a veteran, or the individual in whose household the veteran certifies an intention to live. The law provides, in general, that the immediate family members of a veteran being treated for a service-connected disability may receive counseling, education, and training services in support of the veteran's treatment. Likewise, if a veteran is receiving hospital care for a non-service connected disability, VA is authorized to provide those services, as are necessary in connection with that treatment, if the services were initiated during the veteran's hospitalization and their continuation on an outpatient basis is essential to permit the discharge of the veteran from the hospital. Outside of our hospital system, VA's Vet Centers also provide family counseling to family members to further a post-combat veteran's successful readjustment to civilian life.

In addition, VA is proactively assisting veterans and active duty servicemembers with specific service-connected disabilities in using their benefits under the Specially Adapted Housing Grant Program (SAH). These grants are used to construct an adapted home or modify an existing home to meet veterans' or servicemembers' housing accessibility needs. The goal of the grant program is to provide a barrier-free living environment. VA's SAH agents closely and personally work with each veteran who applies for a grant to ensure a smooth process and that the veteran has a home that provides a level of independent living that the veteran would likely not otherwise enjoy. Another area VA provides care and services to the families of certain veterans is the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), which is a comprehensive health care program in which VA furnishes health care services and supplies to eligible beneficiaries. Beneficiaries include the spouse or child of a veteran who: (1) is rated permanently and totally disabled due to a service-connected disability; (2) who died as a result of a service-connected disability or who at the time of death had a total disability permanent in nature resulting from a service-connected disability; or (3) who died in active service in the line of duty, so long as the veteran's family members are not eligible for DoD TRICARE benefits.

We have come to appreciate the importance of support to family caregivers whose severely injured loved ones transition into VA health care. Providing health care for family members who are away from home and caring for their loved ones; broadening training opportunities for family caregivers to improve their effectiveness and resiliency while reducing the need for outside caregivers; expanding existing programs such as our bowel and bladder care in spinal cord injury for caregivers to reach caregivers for certain severely injured veterans; and financially enabling family caregivers to accompany their seriously injured loved one from VA to another treatment facility to receive needed care are opportunities to enhance care.

Through LoA 3, new comprehensive practices for better care, management, and transition are being implemented. These efforts are in response to the recommendations of the various Commissions and Reports, as well as the requirements of the NDAA for Fiscal Year (FY) 2008. Progress is being made toward an integrated continuity of quality care and service delivery with inter-Service, interagency, intergovernmental, public, and private collaboration. But it is important to remember that seamless transition is not a straight path; veterans and service members often move back and forth between DoD and VA facilities.

In October 2007, VA partnered with DoD to establish the Joint VA/DoD Federal Recovery Coordinator Program (FRCP), as recommended by the President's Commission on Care for America's Wounded Warriors (Dole/Shalala Commission). The FRCP will identify and integrate care and services for the seriously wounded, ill, and injured service member, veteran, and their

families through recovery, rehabilitation, and community reintegration. VA hired an FRCP Director, an FRCP Supervisor, and eight Federal Recovery Coordinators (FRCs) in December 2007. The FRCs are currently deployed to Water Reed and Brook Army Medical Centers, as well as National Naval Medical Center at Bethesda. Two additional FRCs are currently being recruited and will be stationed at Brook Army Medical Center and Balboa Naval Medical Center in San Diego.

VA has established a new Caregiver Support National Program in the Veterans Health Administration, Office of Care Management and Social Work Service. The Office will serve as the focal point for policy development and coordination. This program will ensure there is a systemic approach to serving caregivers and will develop educational tools and training modules to assist VA staff in supporting our caregivers as they support our veterans.

The FRCP is intended to serve all seriously injured service members and veterans, regardless of where they receive their care. The central tenet of this program is close coordination of clinical and non-clinical care management for severely injured service members, veterans, and their families across the lifetime continuum of care.

The FRCP will develop and implement several web-based tools, including a Federal Individual Recovery Plan (FIRP) and a National Resource Directory (NRD). The NRD is for wounded, ill and injured and recovering service members, veterans and their families as well as for all care providers and the general public. The NRD identifies and delivers the full range of medical and non-medical services. In addition to hiring, training, and placing the eight FRCs, the Departments have developed a prototype of the FIRP distributed, with the Military Services, educational/informational materials to FRCs, Multi-Disciplinary Teams, service members, veterans, families, and caregivers.

For wounded, ill, and injured service members, veterans, and their families enrolled in the FRCP, a FIRP, or transitional "life map," identifying personal and professional goals is developed to identify and track clinical and nonclinical services across locations of service and phases of recovery, rehabilitation, and community reintegration.

The FIRP provides one uniform tool to help the FRC and Multi-Disciplinary Teams provide the wounded, ill, or injured service members, veterans, and their families with a life map for recovery. The uniform comprehensive plan for recovering service members will also fulfill this purpose by providing an individualized, integrated, longitudinal, clinical/non-clinical service plan through return to duty or retirement. Both the FIRP and the comprehensive plan will include information on support and resources for providers and the wounded, ill, or injured service members, veterans, and recovering service members.

We are also in the process of developing the prototype of the National Resource Directory (NRD) in partnership with the Department of Labor and other Federal agencies, state, and local governments and the private/voluntary sector (e.g., Veterans Coalition, National Military Family Association (NMFA)), with public launch this summer; producing a Family Handbook in partnership with relevant DoD/VA offices; and developing demonstration projects with states such as California for the seamless reintegration of veterans into local communities.

Since its formation in May 2007, the SOC has conducted several outreach efforts to ensure consultation with representative organizations of the wounded, ill, and injured service members, veterans, recovering service members, and their families. In July 2007, all LoAs met with and briefed representatives of the Veterans Service, Benefits and Advocacy Organizations, as well as NMFA. A second outreach meeting was held in November 2007.

In addition to these joint VA/DoD outreach efforts, each LoA meets regularly with organizations

and subject matter experts on policy, procedures, and practices under its jurisdiction. For example, in June 2007, LoA 3 hosted a Summit on Non-Clinical Case Management of Wounded, Ill, and Injured Service Members and Their Families at the DoD that reached over 300 federal, state and local government and private, non-profit, and professional organizations from throughout the country. Wounded, ill, and injured service members, veterans, and their families shared their firsthand experience with DoD/VA care, management, and transition services at this event.

Support to Family Members

The critical role family members play in the ability of a wounded, ill, or injured service member or veteran to not only heal but thrive, has long been recognized by the Departments and the Military Services. We are enhancing many existing programs and adding new ones in recognition of the challenges that families face when they have a loved one who has been injured. For example, a joint VA/DoD Family Handbook and website is under development to provide the wounded, ill, and injured service members, veterans, and their families a roadmap for the process of recovery, rehabilitation, and reintegration. This handbook will provide information on benefits and services available to wounded, ill, and injured service members, veterans, and their families.

Another program DoD and VA are jointly developing is My e-Benefits, in accordance with the recommendation of the Dole/Shalala Commission. This website will serve as a single, customizable, inclusive source for the wounded, ill, and injured service members and veterans, including recovering service members, and their families to get information about benefits and support programs.

The families of wounded, ill, or injured service members and veterans benefit considerably from the comfort provided through the Fisher Houses™. Because members of the military and their families are stationed worldwide and must often travel great distances for specialized medical care, Fisher House™ Foundation donates "comfort homes," built on the grounds of major military and VA medical centers. These homes enable family members to be close to a loved one at the most stressful times - during the hospitalization for an unexpected illness, disease, or injury. There is at least one Fisher House™ at every major military medical center and at nine VA medical centers across the country to assist families in need and to ensure that they are provided with the comforts of home in a supportive environment.

VA's Voluntary Service program continues to provide needed support and guidance. Generous donations to VA Voluntary Services by Veterans Service Organizations, businesses, and other organizations allow VA to assist families with temporary lodging, free or discounted meals, transportation, and entertainment for veterans' family members, among other services.

A number of caregiver and family support groups also meet with family members at VA facilities to address caregiver burnout or depression. In so doing, they help address the individual counseling needs of family members that fall beyond VA's caregiver authority. Many veterans are able to remain independent in the community when neighbors, friends, and others provide assistance when family members cannot.

VA actively supports these efforts and is looking for new areas where we can do more. We must continue to adjust to clinical advances, as well as demographic ones. The aging of our veteran population also represents challenges, and we are working with community-based resources to respond to their needs.

In August 2007, VA selected eight caregiver assistance pilot programs across the nation at total

cost of approximately \$5 million. The goal of these pilots is to explore options for providing support services for caregivers in areas where such services are needed and where there are few other options available. These programs are located across the country, and while most of them will serve a broad population, they will also increase the caregiver support services available to OEF/Operation Iraqi Freedom veterans in the immediate future and the long term. Among the key services provided to caregivers are transportation, respite care, case management and service coordination, assistance with personal care (bathing and grooming), social and emotional support, and home safety evaluations. Education programs teach caregivers how to obtain community resources such as legal assistance, financial support, housing assistance, home delivered meals, and spiritual support.

VA also actively supports caregivers in hospice and respite care cases. Between 2004 and 2006, VA tripled the number of veterans receiving VA-paid home hospice care and those receiving care in VA inpatient hospice units. While we are proud of these accomplishments, we still have room to grow. VA recently adopted two innovative programs to aid families in their homes: a volunteer home respite care program, which recruits and trains volunteers to provide a few hours of respite care a week in the homes of veterans who live in their community; and a medical foster home program, which identifies families in the area who are willing to open their homes and care for veterans who need daily assistance and are no longer able to remain safely in their own home, but do not want to move into a nursing home. VA calls this, "Support at Home - Where Heroes Meet Angels."

Both of these arrangements work out very well for the family, the veteran, and the community, particularly in rural areas. Concerned citizens often express an interest in helping veterans, but they live too far away from a facility to participate easily. These programs offer them a chance to help serve American veterans in their city or town by either visiting the home of the veteran or opening their own. VA trains and certifies all individuals who participate for the safety of our patients. VA also provides up to four weeks per year of inpatient respite care so family members can take a break from their duties. Furthermore, VA pays for home respite when necessary and currently provides these services to nearly 300 veterans every day. In many areas, there are simply no providers with whom we can contract. This voluntary home respite program helps address an important need, and may particularly help veterans living in rural areas.

VA provides caregiver support services for the families of veterans receiving VA Home-Based Primary Care (HBPC) and hospice care. Veterans in HBPC typically have chronic, disabling diseases, and the burden of care often falls on the veteran's family. HBPC provides home care to over 14,000 of our most frail veterans every day. VA also recently adopted a new quality indicator, which helps us determine the level of strain and fatigue on our family caregivers. By the end of 2007, VA assessed the caregivers of 67 percent of these veterans, and offered guidance or support to 97 percent of those identified with caregiver strain.

National Defense Authorization Act for Fiscal Year 2008

The recently passed FY 2008 NDAA provides several requirements in relation to care/case management, some of which are highlighted below:

- Standardize training for Medical Care Case Managers and Non-Medical Care Managers, Recovery Care Coordinators, and other health care professionals;
- Provide training on the detection, notification and tracking of Post Traumatic Stress Disorder (PTSD), Suicide, Homicide, and other mental health issues.

- Establish a uniform program for assignment of Recovery Care Coordinators;
- Establish uniform standards for the development of Care Recovery Plans for each service member; and
- Establish uniform procedures among the Services to measure family member satisfaction with quality of health care services provided to recovering service members.

We are presently in the process of implementing these requirements in a thorough and timely manner. To that end, we are aggressively collaborating with the various Service Wounded Warrior Programs and are planning a Joint Wounded Warrior Program working session for the middle of March.

Department of Veterans Affairs Programs

VA is authorized to include family members in several areas and does so whenever it is possible and in the interest of the veteran. For example, family members of patients in our Polytrauma System of Care are actively engaged by VA clinicians and staff regarding treatment decisions, discharge planning, and therapy sessions, as appropriate, so they can help their loved one learn to be as independent as possible when he or she returns home. The designated Traumatic Brain Injury and Polytrauma case manager assigned to every veteran and active duty service members receiving care in VA's Polytrauma System of Care coordinates support-efforts to match the needs of each family.

Over the past few years, VA Mental Health Services included families in over 500,000 units of service, specifically mental health evaluations, participation in treatment planning, and collaboration in monitoring treatment outcomes. VA can see families when their involvement is included in a treatment plan designed to benefit the veteran, as discussed above. One example is family psycho-education, an intervention providing information to families about the patient's illness and training on how to respond to symptoms and problem behaviors. Although the intervention is with the family, research strongly supports the benefits to the veteran.

Another important resource for veterans, service members, and their families is VA's National Center for PTSD. The PTSD Information Center contains in-depth information on PTSD and traumatic stress for a general audience. The center answers commonly asked questions about the effects of trauma, including basic information about PTSD and other common reactions.

Vet Centers, administered by VA's Readjustment Counseling Service, provide family counseling for military-related problems that negatively affect the veteran's readjustment to civilian life. Indeed, within the context of the Vet Center service model, families are central to the combat veteran's care. Family members are usually the first to realize the effects of possible war-related problems, especially among National Guard and Reserve members. Effective intervention through preventive family education and counseling helps many returning veterans stabilize their post-military family lives.

Veterans who served in a combat theater are eligible for readjustment counseling, even if they have not enrolled for health care benefits. Family services at our Vet Centers are not time limited and are available as necessary for the veteran's readjustment throughout the life of the veteran. Vet Centers have full latitude to professionally include family members in the treatment process as long as this is aimed at post-war readjustment for the veteran. Spousal counseling groups are conducted at many Vet Centers to help spouses cope more effectively with the veteran's war-related problems, including PTSD, substance use, depression, anxiety disorders, grief, anger management, social alienation, unemployment, or other conditions.

Professional family readjustment counseling at Vet Centers is provided by licensed social

workers, psychologists, and nurse psychiatric clinical specialists with additional professional training for marriage and family counseling. These providers do not issue prescriptions, and will make a referral to the nearest VA medical center in the event medication is deemed necessary. In locations where a Vet Center does not have staff with expertise in family counseling, our teams provide clinical assessments, preventive behavioral health education, basic counseling, and referrals to local VA or other qualified family counselors in the community. These Vet Centers are well-networked with local human service providers.

In the event a service member dies while on active duty, Vet Centers provide bereavement services to the surviving family members. Between 2003 and the end of FY 2007, Vet Centers have assisted 1,713 family members and 1,136 families of fallen service members, 807 (71 percent) of whom were in-theater casualties in Iraq or Afghanistan.

Department of Defense Programs

The DoD has initiated many key outreach efforts to disseminate information to wounded, ill, and injured service members and veterans, including recovering service members, and their families. Family Support Programs for military service members, veterans, and their families are available through a wide variety of resource networks. Several examples of these family support programs include:

- Military Homefront which serves as the official DoD web site for reliable Quality of Life information designed to help troops and their families, leaders, and service providers;
- The DoD Military Assistance Program providing a web site with information and interactive resources for assisting in relocations, money management and job searching at a new location;
- The Military Spouse Resource Center which is designed to assist the spouses of U.S. total force military personnel by providing easy access to information, resources and opportunities related to education, training, and employment;
- The Military Child in Transition and Deployment that serves as the official source of education information for the DoD;
- The Federal Occupational Health Family Support Center Program which provides a range of customized support services to military and civilian personnel at installations nationwide;
- The PDHealth.mil web site which provides information and guidance for service members and their families about the service member and family support services that are available from the military, VA, and the private sector;
- The Veterans and Families Deployment Health Clinical Center (DHCC) which serves to improve deployment-related health by providing caring assistance and medical advocacy for military personnel and families with deployment-related health concerns. DHCC serves as a catalyst and resource center for the continuous improvement of deployment-related healthcare across the military healthcare system.
- The Military Spouse Career Center which is a resource site for spouse services. This site addresses the unique challenges of being a military spouse such as shopping at the commissary and moving to foreign lands; and
- The Military Spouse Career Advancement Initiative that was created to help spouses overcome some of their financial barriers. Funding enables eligible candidates to receive Career Advancement Accounts in the amount of \$3,000 for one year, and renewable a second year for

an additional \$3,000. This money can be used to pay for expenses directly related to postsecondary education and training to include tuition, books, necessary equipment, and credentialing and licensing fees in nationally identified high-growth, portable career fields such as education, health care, information technology, construction trades, and financial services.

The DoD Office of Military Community and Family Policy (MC&FP) has partnered with 15 states (beyond the six states directed by the NDAA for FY 2007, Section 675), to operate Joint Family Support Assistance Programs in order to meet the needs of Active Duty, Guard, and Reserve Component family members. MC&FP and the Department of Labor have undertaken a collaborative effort to support military spouses in career development. The Military Spouse Career Advancement Account is an initiative underway in eight states to provide education and training to spouses to develop a career in a portable field. The collaborative effort has also created the Military Spouse Career Center, an online resource which "aims to support spouses and families by providing access to career opportunities, training information and education options."

Department of the Army Programs

The Army has developed the Soldier Family Assistance Centers (SFAC) at Walter Reed Army Medical Center and Brooke Army Medical Center to coordinate resources and act as a point of contact for patients and their family members. The SFACs have created a toll-free hotline available 24 hours, 7 days a week to help resolve medical issues and provide an information channel of soldiers' medically-related issues directly to senior Army leadership to improve how the Army serves the medical needs of wounded, ill, or injured service members, veterans, recovering service members and their families.

The Army also has several web tools including: Army Families Online, an integrated systems approach composed of seven specific sub-objectives (Pay and Compensation, Health Care, Housing and Workplace Environment, Family Support, Education and Development, Cohesion, and Operational and Special Interest); MyArmyLifeToo, a web site sponsored by the Army Family and Morale, Welfare and Recreation Command Family Programs Directorate, which carries the mission to maintain the readiness of individuals, families and communities within America's Army by developing, coordinating and delivering services which promote resiliency and stability during war and peace; and the Army's USAREUR G1 Human Dimension Resources, which provides Pre- and Post-Deployment resources for soldiers, civilians, and family members.

Department of the Navy Programs

The Department of the Navy has operationalized family support programs to better empower Sailors, Marines and their families to effectively meet the challenges of today's military lifestyle. The Navy's Safe Harbor non-medical care managers assess each severely wounded, ill, or injured Sailor and their family to determine the needs for family member support. All wounded, ill, or injured Sailors, regardless of the severity of their condition, receive the support the family members need. The Marine Corps has assigned Family Readiness Officers at the unit level to enhance Marine Corps Family Team Building. In partnership with Pennsylvania State University, they developed a Pilot Course to train recreation professionals on Inclusive

Recreation for Wounded Warriors to ensure Marines and their families can create the "new normal" as soon as possible. The Marine Corps Wounded Warrior Regiment has a Wounded Warrior Battalion on each coast to provide better continuity of care for wounded Marines and Sailors and their families, providing a location to recuperate and transition in proximity to family and parent units.

The Department of the Navy also has Navy Fleet and Family Support Programs that provide unified, customer-focused, consistent, and efficient programs and services to support sustained mission and Navy readiness. The Navy Lifelines Service Network, Answers for Sailors, Marines and Their Families is the Official Quality of Life delivery network of the Department of the Navy, serving Sailors, Marines, and their families. The Marine Corps Community Services program supports basic and quality of life needs for members of the Marine Corps and their families.

Department of the Air Force Programs

The Air Force Survivor Assistance and Air Force Wounded Warrior Program provides assistance for each Airman's case on a one-on-one basis to help ensure their needs are fully met. A Family Liaison Officer is assigned a Community Readiness Consultant by the Airman and Family Readiness Center and/or an Air Force Personnel Center Wounded Warrior staff member through all phases of the process, as needed. They can contact the Survivor Assistance program staff 24 hours a day, 7 days a week.

In addition, the Air Force Family Advocacy Program FAPNet serves the mission to build healthy communities through implementing programs designed for the prevention and treatment of child and partner abuse. It is accessible through Air Force Crossroads, the Official Community web site of the United States Air Force. The Air Force Aid Society, the official charity of the United States Air Force, provides worldwide emergency assistance, sponsors education assistance programs, and offers a variety of base community enhancement programs that improve quality of life for Airmen and their families.

The National Guard

The National Guard Family Program focuses on providing programs that encourage continued well-being and an increased quality of life. These programs include the: State Advocacy Program; Exceptional Family Member Program; Emergency Placement Care; Family Member Employee Assistance Program; Relocation Assistance Program; Emergency Financial Assistance; Food Locker; Family Referral and Out Reach; and Consumer Affairs and Financial Assistance.

The Reserve Components

The Services, including their respective Reserve Components, have comprehensive deployment support programs to help families cope with the demands of military life and separations. The Services strive to ensure services (education, training, outreach, and personal support) are available during the entire deployment cycle. These programs assist unit commanders, service members, and families affected by deployment and mobilization.

Family assistance centers serve as the primary delivery system for military family support programs, including deployment support, return and reunion, and repatriation. With increased demands of military life, Active and Reserve Component family support is critical to readiness and morale. These centers have met the short-notice "surge" mission requirements to date. A

long-term sustainment strategic plan that provides for further integration of DoD resources that support a strong personnel and family readiness posture during ongoing contingencies is being developed. A number of pilot programs and initiatives are being fielded to all military members and their families to include the Joint Family Support Assistance Program required by the NDAA for FY 2007, Section 675, and the Yellow Ribbon Reintegration Program required by the NDAA for FY 2008, Section 582.

The Yellow Ribbon Reintegration Program will provide Reserve Component members and families with information, services, referral, and proactive outreach opportunities throughout the entire deployment cycle. The Office of the Assistant Secretary of Defense for Reserve Affairs is establishing the program office with assistance from other Department agencies and the Services and their components. The goal is to have the program implemented as quickly as required resources are confirmed and in place.

The Coast Guard

The Coast Guard Morale, Well-Being, and Recreation Program oversees the quality of life programs for members of the Coast Guard and their families. The Coast Guard Work-Life Program, located within the Health and Safety Directorate, supports the well-being of Active Duty, Reserve, civilian employees, and family members.

Conclusion

The SOC, OIPT, and LoAs continue to work diligently to resolve the many outstanding issues while aggressively implementing the recommendations of the Dole/Shalala Commission, the NDAA, and the various aforementioned task forces and commissions. These efforts will expand in the future to include the recommendations of the DoD Inspector General's report on DoD/VA Interagency Care Transition, which is expected shortly.

One of the most significant recommendations from the task forces and commissions is the shift in the fundamental responsibilities of the Departments of Defense and Veterans Affairs. The core recommendation of the Dole/Shalala Commission centers on the concept of taking the Department of Defense out of the disability rating business so that DoD can focus on the fit or unfit determination, streamlining the transition from service member to veteran.

While we are pleased with the quality of effort and progress made, we fully understand that there is much more to do. We also believe that the greatest improvement to the long-term care and support of America's wounded warriors and veterans will come from enactment of the provisions recommended by the Dole/Shalala Commission. We have, thus, positioned ourselves to implement these provisions and continue our progress in providing world-class support to our warriors and veterans while allowing our two Departments to focus on our respective core missions. Our dedicated, selfless service members, veterans and their families deserve the very best, and we pledge to give our very best during their recovery, rehabilitation, and return to the society they defend.

Mr. Chairman, thank you again for your generous support of our wounded, ill, and injured service members, veterans, and their families. We look forward to your questions.