

SERGEANT ROY MEREDITH TEAM LEADER MARYLAND ARMY NATIONAL GUARD

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STATEMENT BY

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BEFORE THE

SENATE VETERANS' AFFAIRS COMMITTEE

SECOND SESSION, 110TH CONGRESS

ON

VETERANS AFFAIRS OUTREACH TO MEMBERS OF THE NATIONAL GUARD AND
RESERVE

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THE COMMITTEE ON VETERANS' AFFAIRS

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Chairman Akaka, Senator Burr and distinguished members of the Committee, thank you for the opportunity to speak with you today. I am grateful for the chance to testify regarding my experience with post deployment outreach to members of the National Guard and Reserve. My testimony today reflects my personal views and does not necessarily reflect the views of the Army, the Department of Defense, or the Administration.

I come before this committee as a proud soldier; proud of the support we have received from our elected and military leaders. I also come before you as a soldier concerned about the welfare and post deployment services of members of my team and others throughout this country. There is no country better or more capable of matching our country's ability to efficiently and effectively

mass a large number of soldiers, sailors, airman, and equipment and deploy anywhere in world to protect, defend and secure peace. Equally so, is our ability to bring everyone home.

As a member of the Reserve Component, my access to medical services is not the same as that of a member of the active duty. As some individuals are now completing their second, in some cases third tours of duty, it is extremely important that the level of emphasis given towards deployment of forces; also be placed on providing post deployment support. The goal should include a well defined process which facilitates the transition from a military service to civilian life with the intent of identifying medical and emotional conditions to support follow-on medical requirements. I must say, there has been a significant improvement between the procedures and services received after returning from my second in 2007 and my most recent return from Iraq in March of this year.

POST DEPLOYMENT HEALTH ASSESSMENT

The first opportunity to address the medical needs of returning soldiers is during the Post Deployment Health Assessment (PDHA). From January 2005 through January 2006, I was deployed in support of Operation Iraqi Freedom (OIF) and deployed again in June 2007 through March 2008. After each deployment, I had to undergo a PDHA. The timing of the PDHA during the demobilization process is perfect; where the soldiers remain in a formal and controlled status. The PDHA provides an early opportunity to assess the physical condition of soldiers. This is great because the goal should be to identify and capture any condition as soon as possible. However, unlike the pre-mobilization physical assessment, the PDHA is not a complete physical but based on self identification of ailments. I think it would be proper and re-assuring to soldiers if members received a similar level of assessment as the pre-mobilization. Secondly, based on my experience, the information captured in the PDHA should somehow be connected to the claims process. During my second deployment I received several injuries to include shrapnel which is still embedded in my right arm. This information was well documented and identified during the PDHA. However, my Post Deployment Health Reassessment (PDHRA) stage, after receiving medical care from the local veterans hospital, I received a bill and was told I had to file a claim. The PDHA should be a seamlessly connected to post mobilization medical services.

POST DEPLOYMENT HEALTH REASSESSMENT

Along with being seamless connection to medical care, the Post Deployment Health Reassessment (PDHRA) lacks one of the key strengths that support an effective PDHA; control and access to the soldiers. From what I have seen, as soldiers return to their homes, it is difficult to communicate and require them to attend PDHRA events. I think the primary reason for this breakdown relates to the fact that members are not provided military orders requiring them to report. As individuals began to assimilate into their normal lives and return and/or to work, competing requirements will overshadow the PDHRA without proper directives requiring member to report to duty. In my opinion, providing members with military orders prior to finalizing demobilization could improve the effectiveness of PDHRA. Since my first deployment to Iraq in 2006, the reintegration program has made strides but there are a number of areas in which the program can be improved. As Team Leader, it is my additional duty to manage and insure soldiers participate in the reintegration process. To be effective there needs to be a formal and defined program with proper oversight at the state level.

A formal program will ensure soldiers, regardless of which state they may live, receives services and medical treatment. Additionally, soldiers should be allowed to receive treatment and services at the local level without requiring them to travel unnecessary distances.

Mr. Chairman, thanks for this opportunity to come before your committee, I look forward to your questions.