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TESTIMONY OF THE WOUNDED WARRIOR PROJECT (WWP)
TO THE SENATE COMMITTEE ON VETERANS AFFAIRS
REGARDING PENDING HEALTH LEGISLATION

Prepared by:

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Mr. Chairman, Senator Craig, members of the committee, thank you for the opportunity to testify before you today regarding pending health legislation.

The Wounded Warrior Project (WWP) is a non-profit, non-partisan organization dedicated to assisting the men and women of the United States Armed Forces who have been severely injured during the war on terrorism in Iraq, Afghanistan and other hot spots around the world. Beginning at the bedside of the severely wounded, WWP provides programs and services designed to ease the burden of these heroes and their families, aid in the recovery process and smooth their transition back home. As a result of our direct, daily contact with these wounded warriors, we have gained a unique perspective on their needs and the obstacles they face as they attempt to recover and reintegrate into their respective communities.

Today, I would like to comment on several pieces of legislation listed on the hearing agenda. First, WWP is pleased that the Chairman and Senator Craig have highlighted the issues surrounding Traumatic Brain Injury (TBI) with the introduction of S.1233, Veterans Traumatic Brain Injury Rehabilitation Act of 2007. The "signature wound of the war" as it has come to be known; TBI is an extremely challenging injury to treat and poses some new and complex issues for the Department of Veterans Affairs (VA). As accurately stated in the legislation, those who are severely injured require individualized, comprehensive care, and, while the VA has made tremendous progress in a short period of time, they are still in the process of establishing an extensive, long term continuum of care that can be accessed throughout the nation. As such, and because the families of wounded servicemembers have named increased access to treatment options as their number one request, WWP supports the concept included in the legislation allowing TBI patients to use private facilities for rehabilitation. At the same time, however, we would also like to see a provision added authorizing/requiring the VA to collaborate with experienced private sector hospitals in addition to medical universities so that the Department

can continue to develop long-term rehabilitation capabilities and, perhaps, one day become the facility of choice for severely injured TBI patients.

We are also extremely concerned with the method by which the legislation determines the TBI patient's eligibility for such a health care benefit. According to the provision as currently written, the Secretary would have the discretion to enter into individual agreements with facilities to provide care based on in part on geographic location, but no care criteria for the participating private facilities are enumerated. Even more importantly, by determining eligibility based on geographic proximity to a VA facility and the discretion of the Secretary for the Department's ability to provide the necessary services, the legislation will limit the range of patients who can qualify for placement in a private facility and thus not provide the options for care that our warriors and their families are seeking.

While WWP does not question the intent or effort of the VA to care for these patients, we are concerned that their need to further develop their capability for the benefit of future patients may disqualify current patients who would otherwise benefit from private rehabilitation. For example, several weeks ago many of you heard the testimony of Denise Mettie before this committee regarding her son, Evan's, experiences in both DoD and VA facilities. As you may recall, Evan bypassed the VA Polytrauma System for a period of time and experienced several setbacks once he finally reached one of the VA's Tier I facilities where he had seemed to plateau, if not regress, in terms of improvement. After much discussion, debate, and effort Evan was finally sent recently to the Kessler Institute for Rehabilitation, a private rehabilitation facility in New Jersey where, after only a few weeks it has been discovered that Evan is NOT blind in one eye as was believed, his Nystagmus has almost completely stopped, and he even gave his physical therapist a thumbs up with his left hand which he has not used for almost a year. Of course no one can guarantee that type of progress for every wounded veteran, but, whether in a VA facility or a private rehabilitation hospital, every one of them deserves the chance to try. For these and other reasons, WWP is grateful for Senators Akaka and Craig's leadership on this legislation and we would like to continue to work with you to enhance S.1233 to better meet the needs of severely wounded servicemembers, veterans, and their families.

With respect to S.383, a bill to extend the period of eligibility for health care from two years to five years after discharge or release from the Armed Forces, WWP is generally supportive of the provision. Often, especially in cases of delayed-onset Post Traumatic Stress Disorder or mild to moderate Traumatic Brain Injury, veterans do not quickly recognize that they are in need of assistance or care. In other cases, veterans are simply not prepared to navigate another bureaucratic system after having just "escaped" the burdensome administrative process of the Department of Defense. WWP cautions, however, that while we want to make sure that every service-connected veteran is able to access the care he or she needs, extending the period of presumptive eligibility for VA care will add more veterans to an already overburdened system. Therefore, if this provision is adopted, Congress must ensure that the required resources are added as well.

In theory, WWP generally supports the concept behind S.815, The Veterans Health Care Empowerment Act of 2007 but has concerns about the implementation of and the long-term effects of such action on the VA. This legislation would allow service-connected veterans to

receive healthcare at any facility or through any provider eligible to receive Medicare or TRICARE payments. As mentioned previously in our testimony, the top request of wounded veterans and their families is to have more involvement and choice in their care, and this legislation would certainly help accomplish that goal. However, we are very concerned that, as written, the VA would play no role in the coordination of care for the veterans who choose outside facilities. Without proper management by the VA, such a system could lead to confusion and contradiction among physicians in the provision of care to the wounded. In addition, the legislation does not include any specifics on the implementation of such a large policy shift, and, therefore, the final plan could differ greatly from that sought by Congress.

At this time, WWP has grave concerns regarding S.1147, The Honor Our Commitment to Veterans Act, which would require the Secretary to lift the current freeze on the enrollment of Category 8 veterans into the VA healthcare system. According to The Veterans' Health Care Eligibility Reform Act of 1996, the legislation which first authorized VA to provide health care services to veterans without service-connected disabilities or low incomes, if sufficient resources are not available to provide care that is timely and acceptable in quality for all priority groups, the act requires VA to limit enrollment based on the priority groups.

Just over the past several weeks, many in this room have identified waiting times for appointments, quality of care, and limited resources as just some of the challenges facing the VA. With the addition of relatively higher income, non-service connected veterans, Congress would be placing an additional strain on a system it has called over-burdened and complicated

With that said, those at the VA are working very hard to accommodate their current patients, and WWP asks that we work with them to improve the care for those currently in the system, especially those who are severely injured, before adding another category of veterans.

Finally, WWP is concerned that while well-intentioned, S.882, requiring a pilot program to facilitate the transition of members of the Armed Forces to VA healthcare upon completion of service, and S.1205, requiring a pilot program to assist veterans service organizations in developing peer support programs would create programs redundant to those already provided by the government or non-profit groups. For example, each of the services within the DoD operates its own organization to care for their respective wounded servicemembers. The Marine for Life Program currently offers services to transitioning Marines including job opportunities and information on veterans' benefits. In addition, many non-profits, including WWP, operate successful peer support programs funded through individual donations. This type of assistance is not only beneficial to the warrior, but is also an important means by which those in the community can support our returning veterans. Because many of our families often state they are confused by the number of different entities approaching them and, "need a case manager to manage their case managers," WWP would suggest improved coordination and integration among existing organizations and agencies before adding more layers and a review of current services, both governmental and non-profit to determine the best use of limited funds.

Mr. Chairman, thank you again for this opportunity to testify, and I look forward to your questions.