Honorable BOB DOLE, Co-Chair PRESIDENT'S COMMISSION ON CARE FOR AMERICA'S RETURNING WOUNDED WARRIORS

TESTIMONY OF

BOB DOLE

Co-Chair

PRESIDENT'S COMMISSION ON CARE FOR AMERICA'S
RETURNING WOUNDED WARRIORS

Before the

UNITED STATES SENATE

COMMITTEE ON VETERANS AFFAIRS

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- Good morning Mr. Chairman and Members of the Committee. It is a pleasure to appear before you today, along with my fellow Co-Chair Donna Shalala.
- We look forward to working with you, and the other individuals here today, to support this nation's goal of assuring that our service men and woman receive the benefits and services they deserve.
- It has been an honor to serve on this Commission, especially with Secretary Shalala. I have said it before and I will say it here today, she's been a "Triple A" co-chair. She has boundless energy and kept us going as we tackled this important challenge. It has been a great experience to work with her and our fellow commissioners.
- Our recommendations were guided by the Commission chaired by General Omar Bradley in 1956, which said: "Our philosophy of veterans' benefits must be modernized and the whole structure of traditional veterans' programs brought up to date."
- Problems accompany change -- wars change, people change, techniques change, injuries change, and we need to keep our military and veterans healthcare system up-to-date. I find it remarkable that 50 years later we are finding so much of what General Bradley had recommended is still relevant today.
- Secretary Shalala has outlined the action steps to be taken by Congress. I will now tell you how our recommendations - all of them - work to create a system that serves, supports, and simplifies.
- First, let me review our recommendations:

1. Immediately Create Comprehensive Recovery Plans to Provide the Right Care and Support at the Right Time in the Right Place

2. Completely Restructure the Disability Determination and Compensation Systems

3. Aggressively Prevent and Treat Post-Traumatic Stress Disorder and Traumatic Brain Injury

4. Significantly Strengthen Support for Families

5. Rapidly Transfer Patient Information Between DoD and VA

6. Strongly Support Walter Reed By Recruiting and Retaining First Rate Professionals Through 2011

• Now let me tell you how they would work using the experiences of three wounded warriors.

- The first is a soldier who was injured when his Bradley Fighting Vehicle rolled over an improvised explosive device. He was airlifted to Baghdad where he received the first of over 40 operations. He was then taken to Landstuhl Regional Medical Center for additional medical care and stabilization, after which he was taken to Brook Army Medical Center's burn center. In addition to his burn injuries, he also had a traumatic brain injury. His wife joined him at Landstuhl and traveled with him to Brook, leaving their son with his grandmother in Kansas.
- Over the next 2 years, this family had to deal with many issues including military pay and a permanent change of station move, while maintaining the personal support needed to help their soldier get better. When the soldier finally came home, severely limited in what he could do, the wife became his full time caregiver.
- My second story is about a Marine corpsman who was hit by a rocket when his base in Iraq was attacked. He lost consciousness and woke up a few days later at Bethesda Naval Medical Center after several operations and amputation of his left arm. He was transferred to Walter Reed for occupational and physical therapy and eventually medically retired.
- My third story is about an officer whose convoy was ambushed by insurgents using small arms fire and rocket-propelled grenades. One RPG exploded in the leg well of his vehicle, severely injuring his right leg. The second RPG exploded at the rear of his vehicle causing shrapnel wounds to his neck, shoulders, arms, and back. He was evacuated to Al Assad, then Balad, and finally Landstuhl with operations on his leg at each stop. He was ultimately evacuated Walter Reed. After 2 and ½ years of rehabilitation and additional operations to salvage his leg, he is on the temporary disability retired list.
- These stories have several things in common. The medical care and compassion that these individuals received in theater was exceptional. Today's military trauma care saves lives that would have been impossible in previous wars. The military medical evacuation system that removes injured service members from the field of battle to a military treatment facility in the United States within 36 hours after the injury is nothing short of remarkable.
- However, each of these individuals encountered problems with difficult and inflexible systems. They each had complex injuries and required lengthy rehabilitation.
- They each had case manager after case manager. One told us he had over 10 and could never remember what they were managing, never mind their names. Communication between the providers of care and services and the service member were spotty at best and, often, didn't happen at all.

- Scheduling outpatient visits for necessary follow up and care was difficult. The amount of paperwork was enormous, never ending, and redundant. Patients and their families had no single point of contact. Processing for a medical discharge took months and delayed patient and family decisions. At Walter Reed, outpatients exceeded the facility's capacity to house them, creating the problems of Building 18.
- Had our recommendations been in place, each of these individuals would have had a recovery coordinator assigned at the time they arrived at a stateside military hospital. The recovery coordinator would have developed a recovery plan along with the patient's medical team and other personnel designed to return the patient to optimal functioning.
- The recovery plan would make the best treatment and services available - including those in the VA or the private sector. The plan would not stop after the patient's discharge from the hospital, but continue to guide recovery through outpatient care, rehabilitation, and any necessary retraining or education. The recovery coordinator would serve as a single point of contact for the patient and family.
- We recommended that the recovery coordinator be part of an elite unit of the Public Health Service. We did so because we thought it best to place these individuals outside of either the DoD or VA. Part of this reasoning was because we were concerned that VA or DoD employees would not be allow to effectively reach out to the other Department, marshalling needed services, with any degree of authority.
- We also recommended that Walter Reed be supported until it closes. Perhaps some of the difficulties with outpatient clinic appointments and medical hold and holdover at Walter Reed would not have been so problematic if our recommendation had been in effect.
- Fortunately, only one of the individuals I mentioned had a traumatic brain injury and none have developed post-traumatic stress disorder. We recommended that the DoD and VA aggressively prevent and treat TBI and post-traumatic stress disorder.
- New ways of protecting our service members from these devastating conditions would be developed and implemented. Military leaders, VA and DoD medical providers, family members and caregivers would have access to educational programs to better understand these problems and how to help.
- Health care providers in both the DoD and the VA would be using the most contemporary clinical practice guidelines to assess and evaluate service members and veterans for these conditions.
- More mental health professionals would be available in the DoD and VA. Anyone concerned he or she might have PTSD could go to the VA, an internationally recognized expert in combat related PTSD, to get care.
- Families, such as the one in my first story, also need support and help. With our recommendations, the grandmother, who took a leave of absence from her job to stay with her grandson, would be able to take an additional 3 months under an enhanced provision within the Family Medical Leave Act.
- The wounded warrior's wife would be able to get respite care or aid and attendant care through the ECHO program within TRICARE. As the primary caregiver for her wounded husband, she needs assistance, assistance that currently does not exist in the DoD.
- She would also get training and counseling to help care for her husband.
- All three injured individuals had to deal with mountains of paperwork - paperwork that was frequently lost or unavailable at critical process decision points. In this day of

electronic everything - it is frustrating to fill out form after form repeating the same information over and over again.

- But the problem with information technology should not be solved by starting over - that will just delay things. Instead, we have recommended that DoD and VA be held to a scorecard for documenting the progress of information sharing. While we all want interoperability of medical records, we don't have to wait for this goal to become reality. Much can be made visible now.
- We have also recommended the development of a web portal that will provide tailored information to each service member and veteran specific to their situation. We understand that this effort is currently underway and we are ready to try the product.
- We have also recommended a complete reform of the current disability evaluation and compensation system as Secretary Shalala has just told you.
- Under this recommendation, each of our wounded warriors would be evaluated as to whether they could perform any military duty by the DoD. If not, each would be medically discharged with an annuity based on rank and time in service. They each would get TRICARE for themselves and their family.
- The single medical exam performed by the DoD to determine fitness to serve would also serve as the exam used by the VA to determine the disability rating using an updated rating schedule. The disability rating determines what VA benefits and services the veteran could receive, and the VA's disability compensation.
- Each would get to select one of two transition payments to take effect upon discharge. They could elect to get 3 months of basic pay, or enroll in an educational or training program with an enhanced stipend for up to 72 months.
- At the end of the 3 months or after completing the educational program, each would get a quality of life payment based on their specific injuries. They would also get an additional payment to make up for any earnings loss.
- We realize that adopting a new system requires a leap of faith for many. We are therefore, recommending that two studies be done in the short term. We need to determine the right amount of transition pay. We also need to determine what a quality of life payment would look like. Once these are completed, and we should not take forever, reforming the current disability evaluation and compensation system should move forward.
- For those of you familiar with the Commission's members, you will recognize the individuals in the stories. One is Chris Edwards, whose wife, Tammy Edwards, served as a Commissioner. The other stories belong to Jose Ramos and Marc Giammatteo, two of our other Commissioners. I want to personally thank all the Commissioners for their dedication and hard work.
- I have one last story. This soldier was hit by machine gun fire when he tried to assist a wounded comrade. It took 9 hours to evacuate him from the battlefield and 24 hours to further evacuate him to a field hospital. It took almost 2 months after his injury to evacuate him to a stateside Army Hospital. He underwent 9 operations, survived a blood clot and, over a period of three years, learned to adapt to his disability through rehabilitation, with his mother at his side. His community chipped in to pay his hospital bills and one private sector surgeon performed 7 additional operations at no charge.
- Of course, this last guy is me. I only bring my story up to show the differences between now and then. We should always try to improve on what has gone before. This may mean that some of the more recent wounded warriors get benefits that I don't and that's OK.

- I really believe that these are really bold recommendations and doable, but it requires a sense of urgency and strong leadership.
- We stand ready to assist you in any way as we work together to create a system that serves our bravest men and women who have made the ultimate sacrifice for our nation.

Thank you.