

COL (RET) PETER DUFFY DEPUTY DIRECTOR OF LEGISLATIVE AFFAIRS NATIONAL  
GUARD ASSOCIATION OF THE UNITED STATES

STATEMENT OF  
COL (RET) PETER DUFFY  
DEPUTY DIRECTOR OF LEGISLATIVE AFFAIRS  
NATIONAL GUARD ASSOCIATION OF THE UNITED STATES  
BEFORE THE  
UNITED STATES SENATE VETERANS' AFFAIRS COMMITTEE  
OCTOBER 17, 2007

Chairman Akaka, Ranking Member Craig, and Members of the Committee.

It is my distinct pleasure to appear before you on behalf of the National Guard Association of the United States (NGAUS) to address certain recommendations of particular concern to the welfare and benefit of our wounded National Guard members and their families as set forth in the Report of the President's Commission on the Care for America's Returning Wounded Warriors (hereinafter referred to as the Report). This brief submission will address four recommendations of the Report relative to improving care for our wounded members. NGAUS supports all recommendations of the Report with additional recommendations of its own to improve the subject care. NGAUS urges this Committee to continue to differentiate between the medical needs of our active duty members and our veterans particularly with respect to geographical barriers.

It is important to note that National Guard members returning from deployment can be extended on active duty for treatment at Military Treatment Facilities before being discharged. In most cases our members upon returning from deployment are quickly discharged from active duty and then eligible as veterans for care at the Department of Veterans' Affairs health facilities. Once discharged, most of our members continue in the Selected Reserve and as such are eligible to enroll in TRICARE Reserve Select beyond the six month Transitional Assistance Management Program (TAMP). However, once discharged, our members are no longer eligible for treatment at Military Treatment Facilities

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

The needs of our wounded National Guard members and their families are geographically spread across the full area of our country, its Commonwealths and territories. Once released from medical hold, our wounded members return to their civilian communities not to military installations. These communities are often in areas isolated from a Department of Veterans Affairs (DVA) treatment facility. Obtaining continuing treatment at a DVA facility for many of our veterans will mean having to travel significant distances. This travel may require the veteran and possibly an accompanying family member to take time off from work thereby further straining an employer/employee relationship already stressed by previous deployments.

Although perhaps most often associated with states west of the Mississippi, geographical barriers to treatment can occur in states as small as Rhode Island and as far east as Maine. Maine

Representative Michael Michaud, Chairman of the Health Subcommittee of the House Veterans' Affairs Committee, indicated this session at a hearing of his Subcommittee that some of his veterans in the state of Maine must travel nine hours to be treated at facilities in Boston.

In recommending the creation of comprehensive recovery plans to provide the right care and support at the right time in the right place, the Report speaks to the need to expand DVA treatment for our National Guard members in their communities. If necessary, this may mean authorizing DVA to contract with civilian health care providers and other facilities to remove the geographical barriers peculiar to the National Guard veteran. Our members and their families deserve no less.

### Report Recommendation 3-Aggressively Prevent and Treat Post-Traumatic Stress Disorder and Traumatic Brain Injury

Without a shifting of care to the communities, the geographical barriers to treatment may be insurmountable for the psychologically wounded and for those suffering from traumatic brain injuries (TBI).

Experts have written that individuals experiencing moderate to severe brain injuries require a continuum of care that at some point will involve community integrated rehabilitation that will include neurobehavioral programs, residential programs, residential programs and home based programs.

For those requiring behavioral readjustment or treatment for post traumatic stress disorder and willing to seek the same, eliminating time and distance factors will intuitively only expedite and ease the transition from non recognition to treatment. Physicians say that the sooner these behavioral conditions can be recognized and treated, the more successful and mitigating the treatment will be. DVA needs to have access to all available behavioral health care resources in communities throughout the country to provide the care our National Guard veterans and their families are requiring in a convenient location.

In addition to removing geographical barriers for psychological health care, it is essential that mandatory cognitive screening both pre and post deployment be implemented to establish a base line against which any delta in cognitive functioning occurring during deployment can be determined for purposes of expeditiously diagnosing and treating TBI and possibly PTSD conditions. The screening technology exists and needs to be implemented immediately.

### Report Recommendation 4-Significantly Strengthen Support for Families

NGAUS strongly supports amending the Family and Medical Leave Act (FMLA) as recommended in the Report to authorize family care givers for our wounded members to take leave from employment for up to six months. A visit to Walter Reed will quickly show that our seriously wounded National Guard members are actively attended by family members for extended periods. These family members should not be penalized with the loss of employment or attending to the needs of our heroes with their care and support.

Under current law an employee would only be allowed a total of 12 weeks during a 12 month period to provide such care. In too many cases the serious injuries suffered in the Global War on Terror are requiring far more than 12 weeks of treatment. As our members convalesce in military treatment facilities or in their communities over these extended periods, the care of their loved ones is an irreplaceable comfort to them and an immeasurable aid in the recovery process. Extending the 12 week period to 26 weeks under the FMLA would provide the caring family member with the assurance that he or she will not be terminated from reemployment during that extended period of care should it be needed.

#### Report Recommendation 5-Rapidly Transfer Patient Information Between DoD and VA.

The recommendation that DoD and the VA must move quickly to transfer clinical and benefit data to users will require interoperability of the AHLTA and VISTA electronic record keeping systems used by DoD and DVA respectively. Although this moment of interoperability is reported by DoD's contractors to be close at hand, the medical needs of our National Guard members have been overlooked with this effort that does not require the records of civilian health care providers treating our members to be entered into the DoD AHLTA data base.

Currently, although the technology exists, there is no mandate from DoD to scan or otherwise enter hard copies of our National Guard members' medical records from their civilian health care providers into the DoD AHLTA data base. Please keep in mind that National Guard members in a non deployed status do not receive their medical care from Military Treatment Facilities (MTF) but from civilian physicians. Failure to scan National Guard members' civilian treatment records into the AHLTA data base will continue to keep military physicians in the dark when treating our members relative to pre existing conditions and medication histories found in their civilian medical records. Lack of ready access to this information in emergency treatment situations during deployments puts the National Guard patient at risk while being treated by military physicians.

This recommendation of the Report needs to go further to include the mandatory transfer of all non MTF treatment records of our National Guard members into the DoD and DVA electronic record systems. If these records were required to be entered into the AHLTA system, then they would also be accessible to the DVA once interoperability of the DoD and DVA systems is attained.

In conclusion, we at NGAUS hope that we have both reinforced and amplified, where needed, the recommendations of the Report of the President's Commissions on Care for America's Returning Wounded Warriors relative to the needs of the National Guard.

Thank you again for the opportunity to address this Committee and for all that you do for our nation's veterans.