

Senator Daniel K. Akaka Chairman

OPENING STATEMENT

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Chairman

Committee on Veterans' Affairs

United States Senate

Oversight Hearing on DoD/VA Collaboration and Cooperation

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Aloha and welcome to the Committee's hearing on issues relating to the findings of the President's Commission on Care for America's Returning Wounded Warriors, known as the Dole-Shalala Commission for its two distinguished co-chairs; the Veterans' Disability Benefits Commission; and other groups that have recently examined matters regarding coordination and collaboration between the Departments of Defense and Veterans Affairs in the care and treatment of veterans from Operations Enduring Freedom and Iraqi Freedom.

Today's hearing is the latest in a series of hearings we have held this year that focus on the issue of coordination and collaboration between the two Departments. That series began with this Committee's first hearing of the 110th Congress on January 23. Later, when stories broke about conditions at the Walter Reed Army Medical Center, this issue became more energized, and, since that time, our Committee has worked in close collaboration with the Senate Armed Services Committee to find appropriate legislative solutions for the many problems that have been identified. On March 2, 2007, Chairman Levin and I visited Walter Reed to gain a first-hand understanding of the problems. Our visit highlighted matters involving overlapping jurisdiction and a real need for our Committees to work closely together.

On April 12, the two Committees held an unprecedented joint hearing to review and explore issues and problems relating to how those returning from combat in Iraq and Afghanistan were receiving care and services. That hearing set the foundation for the development of the Senate's proposed Wounded Warrior legislation which is currently in conference with the House as part of the 2008 National Defense Authorization bill.

I could not be more pleased with the cooperative manner in which the staffs of the two Committees worked to develop this extremely important and comprehensive legislative package that addresses health care, benefits, and transition issues involving both DoD and VA. In crafting this legislation, the staffs met on a regular basis, received briefings from Army and VA leadership, visited Walter Reed to meet with Army and VA representatives, and were briefed on the findings of groups created by the Administration to look into the Walter Reed problems.

It is important to remember that the problems identified at Walter Reed were not about the quality of health care provided by DoD, but about an overall process that created confusion and inequities in the delivery of disability benefits to wounded warriors. The stories about Walter

Reed also highlighted existing problems in the organization of medical hold/medical holdover detachments and in the hand-off between the military services and VA of wounded or seriously injured or ill servicemembers.

The good news is that, since this spring, much hard work has been done by DoD, VA, and the military services in seeking ways to resolve the problems which were identified. However late DoD and VA may have been in recognizing the significant problems of adapting their Departments to the stresses of the current conflicts, I am satisfied that real work is now underway. I am particularly impressed by the work of the joint VA and DoD Senior Oversight Committee, co-chaired by VA's Deputy Secretary Gordon Mansfield and DoD's Deputy Secretary Gordon England, that meets weekly to work on a wide range of ongoing transition issues. This is an unprecedented level of attention to the issue of DoD-VA cooperation and collaboration. Nevertheless, it is clear that much hard work lies ahead and that the problems faced by individual veterans and their families continue to demand attention and solutions. Today's hearing gives our Committee the opportunity to continue our work in this area.

The problems highlighted by the situation at Walter Reed led to the creation of a number of entities -- the Dole-Shalala Commission, which was established by the President on March 6, 2007, and presented its report on July 30, 2007; the Task Force on Returning Global War on Terror Heroes, also established by the President on March 6, 2007, which issued its report on April 19, 2007; and DoD's Independent Review Group, established by Secretary Gates on February 23, 2007, and which completed its report on April 19, 2007. The Committee will be hearing from each of these groups today.

The Committee will also be hearing today from the Veterans' Disability Benefits Commission (VDBC), which was established by Congress in 2004, and which, on October 3, issued its report. The VDBC report provides an in-depth analysis of the benefits and services available to veterans, servicemembers, their survivors, and their families to compensate and provide assistance for the effects of disabilities and deaths attributable to military service. The VDBC was invited today to present its views on the recommendations of the Dole-Shalala Commission and the other entities which were created in response to the stories about Walter Reed and to discuss areas of overlap between its recommendations and those of the other groups. The Committee will have other hearings, beginning early next year, on the VDBC's overall report and recommendations.

Among the issues that the Committee will focus on today are those relating to the existing DoD and VA systems for providing compensation and other benefits to servicemembers injured during their service. This is a key area of overlap between the Dole-Shalala Commission and the VDBC.

The Dole-Shalala Commission, on the basis of its work over a relatively short period of time - their first public meeting was in mid-April and they issued their report in late July - recommended a complete restructuring of the DoD and VA disability systems, as one element of its report that includes six recommendations focused primarily on collaboration between DoD and VA and on the needs of newly injured servicemembers. It is not clear from the Commission's report what outside expertise the Commission relied on to reach this conclusion. The only suggestion we have received thus far on how this comprehensive revision might be carried out came in the form of draft legislation on which Senator Burr and I, along with our

counterparts on the Armed Services Committee, were briefed last week. This draft legislation, apparently developed by the White House, would have the Congress cede the responsibility for the proposed comprehensive retooling of VA's compensation system to the Secretary of Veterans Affairs and require the Secretary to accomplish this monumental task over a very few months.

The VDBC, in contrast, took a more systematic approach, carried out over a period of two and a half years, that focused exclusively on the complex and often inefficient service-connected disability structure. The VDBC conducted 26 public meetings, carried out extensive research, and received significant input from outside entities, including the CNA Corporation and the Institute of Medicine.

As part of its effort, the VDBC articulated eight principles that it believes should guide the development and delivery of future benefits for veterans and their families. It structured its analysis by developing 31 research questions. The Commission's staff drafted 11 white papers that analyzed 16 of those questions and presented options to the Commission for their deliberation. Attorneys conducted legal analyses of several of these issues and gave the Commission a historical context for much of the legislation that sets forth the benefits available to disabled veterans, their families, and survivors.

On the basis of its analysis and considerations, the VDBC made 113 recommendations designed to improve VA's disability compensation program for the 21st century. These recommendations collectively address the appropriateness and purpose of benefits, the benefit levels and payment rates, and the processes and procedures used to determine eligibility for benefits.

Many significant recommendations made by the VDBC are not contemplated in the Dole-Shalala report and warrant further review before any action is taken on the Dole-Shalala recommendation related to the overall disability benefits system and on how the Dole-Shalala recommendation may relate to the legislation developed by the White House that I mentioned earlier.

With respect to that draft White House legislation, I have many questions and concerns about it, but wish to make two general points about it. First, whatever legislation is finally submitted by the White House will not have my support as a replacement for the Wounded Warrior legislation that is now pending in the NDAA conference. Our Committee and the Armed Services Committee, and our counterparts in the House, have worked diligently on the Wounded Warriors legislation and I see no basis to scrap that effort this late in the Session. The second point I wish to make about the draft legislation is this: As Chairman of the Veterans' Affairs Committee, I will unequivocally oppose any proposal that would abdicate the role and responsibility of the Congress for dealing with the VA compensation system by giving that task to the VA Secretary. On that point, it is worth noting that there is no confirmed Secretary of Veterans Affairs at present. It is inconceivable to me that there would be any significant support for giving such a monumental task to VA, especially when there is no leadership in place.

There are a number of other recommendations from the Dole-Shalala Commission that I hope to learn more about today, including those relating to care coordination, treatment for PTSD, providing support for family members who have to take time off from their jobs to be with their wounded family members, and recommendations relating to VA's vocational rehabilitation

program.

With regard to coordination of care, I am pleased by the Dole-Shalala Commission's recommendation that each seriously injured servicemember be provided with a "Recovery Coordinator" to serve as the patient and family's primary point of contact throughout their treatment and to ensure that the servicemember is getting the care he or she needs. This is a concept the Committee has already embraced in our health care omnibus legislation, S. 1233, which is currently pending passage by the full Senate. It is clear that the need exists for care coordinators to assist patients in navigating through the two systems. However, I believe that if every servicemember is to be provided with a Recovery Coordinator, we must also ensure that their efforts are managed efficiently. Basic questions such as which agencies will hire and train them must be answered.

We must also uncover what the real impediments are to accessing treatment for post-traumatic stress disorder that prompted the Dole-Shalala Commission to recommend improvements in this area. Is it identifying servicemembers with more severe symptoms, and getting them in the door, or is it that when they do present themselves at a DoD or VA facility, they are not being given proper care? The Dole-Shalala Commission says that Congress should enable VA to provide aggressive PTSD care, but it is my belief that VA already has the authority to provide the care, and that our role in Congress is to ensure that VA has the resources to do the job.

In addition, the Dole-Shalala Commission recommended that the Family Medical Leave Act should be amended to allow up to six months' leave for a family member of a servicemember who has a combat-related injury. Though the Commission's recommendation as formulated does not fall within the jurisdiction of our Committee, other proposals addressing the need to support the families of those who are recovering from combat injuries have been made that do, so we will be looking at the ramifications of these approaches.

And finally, I find the President's Commission's recommendations relating to VA's Vocational Rehabilitation and Employment Program confusing, especially the proposal to offer individuals a monetary incentive to complete a program of rehabilitation and the subsequent effect that completion would have on an individual's level of service-connected compensation. Since the Committee has an oversight hearing of this program scheduled for later this month, I do not intend to pursue these issues at today's hearing in great depth. I will have some questions on these recommendations for the record and perhaps later on in connection with the oversight hearing at the end of the month.

In closing, I note that, at the Committee's first hearing in January, I spoke about the stress that a new veteran with a life altering wound or injury endures when faced with the challenge of applying for benefits and transitioning from one health care system to another, while still in the process of recovery and rehabilitation. With the input of the many recommendations that we will hear about today, I believe that we can continue to make progress toward achieving the goal of a truly smooth and seamless transition.