JONATHAN D. PRUDEN OPERATION IRAQI FREEDOM VETERAN

STATEMENT OF JONATHAN D. PRUDEN
OPERATION IRAQI FREEDOM VETERAN
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SENATE COMMITTEE ON VETERANS' AFFAIRS
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Mr. Chairman and members of the Committee, good morning. It is an honor to be here today. On July 1, 2003 I was wounded in Baghdad. Over the next three years I had 20 operations, including the amputation of my right leg. At Army, Navy, and VA hospitals I encountered caring and competent individuals working diligently to help wounded service members and veterans heal. There have been some obstacles along the way, but most of my care and the care of my wounded soldiers has been first rate. This is as it should be.

Our men and women in uniform deserve nothing but the best care we can provide when they are wounded in the service of our nation. Anything less is not acceptable. Although I will express a number of concerns about our current system of care, I think we all need to be very careful when pointing fingers. The vast majority of VA and DOD employees are extraordinary men and women, willing to go the extra mile to care for servicemembers and veterans. Individuals like Lieutenant Colonel Gajewski at Walter Reed, Jim Mayer in VA Outreach, and Karen Myers at the Gainesville VA have influenced my life and the lives of countless others in profoundly positive ways.

As this committee well knows, VA and DOD provide outstanding medical care and benefits to millions of servicemembers and veterans each year. The dedicated public servants who provide this care deserve our utmost respect. That being said, there are still areas that need improvement to ensure truly seamless care for our wounded warriors. I understand that steps are already being taken to remedy some of these issues but I also know that there can be quite a chasm between policy change and substantive changes "on the ground."

In Need of an Advocate

I've found that soldiers will often "suck it up" and not complain about challenges they face or seek the help they need. At times they are stymied by on overly complex system that can be challenging to negotiate even without mental and physical obstacles created by their wounds or medications. The following cases are a few examples of issues faced by men I've worked with.

- I caught one of my men dragging his nerve damaged foot and asked him why he wasn't wearing a much needed Ankle-foot orthosis (AFO). He told me that the Sergeant at the orthopedics clinic didn't have one in his size.
- One if my old Scout's was seriously wounded and his entire squad was Killed in Action (KIA) or Wounded In Action (WIA). He denied having any PTSD and believed those who claimed to have it were faking. Meanwhile he was consuming ever greater quantities of alcohol and was having trouble controlling his anger.
- Another soldier; a bilateral amputee, was rendered unconscious for an undetermined amount of time by a blast that killed the driver of his vehicle and grievously wounded the other occupant. His mother reported he has great difficulty remembering things but he was not screened for a TBI in nearly two years by DOD. This is likely because his TBI symptoms were masked by symptoms of significant PTSD and substance abuse.

There was no reason for these men to suffer. In each of cases resources were available and could have been used to help these men. Often problems arise, not because of a lack of resources, but a lack of information. These soldiers all needed more information and an advocate to ensure they received the services they needed.

Not Authorized by Tricare

Our severely wounded men and women should receive the best medical care regardless of the cost. One of my favorite soldiers, Corporal Robert Bartlet, was critically wounded in Iraq on May 3, 2005. He lost his left eye, the bones and soft tissue of the left side of his face were pulverized or blown away, both his hands have nerve and tissue damage, he suffers from PTSD, and a mild TBI. He is about to go in for his 30th surgery on April 13, 2007.

Currently Corporal Bartlet must to go back and forth between Walter Reed and Johns Hopkins for separate dental and plastic surgery care. This is inexcusable.

He will have to endure an extra year of surgeries and time away from his wife because Tricare will not pay for dental care at Johns Hopkins that would allow his plastic surgeon and dental surgeons to "tag-team" and do two surgeries at once. The practice of "tag-teaming" is very common and prevents patients from having to endure extra surgeries, longer recoveries, and increased health risks associated with multiple surgeries.

Walter Reed has the dental surgeon but not the plastic surgeons to work on Rob. So he will continue to endue, needless, extra surgeries as he bounces between Walter Reed and Johns Hopkins. Despite repeated requests, Tricare will not allow him to receive dental care at Johns Hopkins.

This is completely unacceptable. Military physicians caring for our severely wounded must be able to base their treatment decisions on what is best for the patient not on Tricare authorizations. Rob is a very positive, inspiring individual who wants to get on with his life and his education. He should not be facing numerous extra surgeries, pain, and recoveries while his life is put on hold in order to save the government a few dollars.

He and other soldiers in similar situations have already sacrificed enough.

The JEC

In recent Congressional committee hearings representatives repeatedly expressed great concern about the complex and confusing quagmire that the wounded must attempt to navigate as they transition from DOD to VA care. In light of these concerns it seems important that Congress consider the actions of the Joint Executive Council (JEC), the only significant entity that straddles the divide between DOD and the VA.

Unfortunately this year, Congress will not be receiving its annual report on the JEC from the Government Accountability Office (GAO) as it has each March for the past three years. The 2003NDAA required GAO to present an annual report on the JEC to Congress. According to Laurie Ekstrand, of GAO's healthcare team, "GAO asked to have the annual reporting changed. Given the array of issues we have to cover it seems more reasonable to report on an as-needed basis and to have reporting about the JEC considered in relation to the relative importance of the rest of our requested workload."

The JEC provides its own annual report to Congress but they have a vested interest in highlighting the "good news stories" and minimizing the focus on areas in need of improvement. Allowing agencies to self report without the objective oversight provided by GAO reports may

have contributed to the problems at Walter Reed. Army Leadership was so focused on all the good that was being done that they failed to look for, or acknowledge, the bad. In recent Congressional hearings General Schoomaker, the Army Chief of Staff, addressed the Army's propensity to believe its own good press about Walter Reed and acknowledged, "we have been drinking our own bathwater."

A Complex Process

We must ensure that wounded service members have advocates who knows the system and can help them and their families navigate the incredibly complex MEB/PEB process and the VA benefits process. Secretary Nicholson's hiring of 100 patient advocates and 400 benefits personnel is a step in the right direction but much more needs to be done.

The problems with the current system have been highlighted by the MED HOLD situation at Walter Reed. One of my old troops lived in Building 18 last year. Neither he nor the others I've been working with complained about their accommodations. Rather, they were frustrated by the way they were treated by NCOs, social workers, and administrators as they worked to recover and either get back to the line or get on with their lives. One soldier expressed this common sentiment bluntly; "They treat us like #$<*&^@ five year olds!" These frustrations are exacerbated by feelings of powerlessness and an overly complex MEB/PEB process especially among those suffering from a TBI and/or PTSD. One soldier who was at WRAMC when I was injured in July of 2003 is still in MED HOLD 3 years and 8 months later.

VA Benefits

When I went to my local VA to apply for benefits after I was medically retired in December of 2005 I discovered that, despite what I had been told, an earlier application for a vehicle adaptive grant had been submitted as my disability claim. The claim failed to include the amputation of my right leg! Try as I might, I, nor anyone at the VAMC could actually contact anyone in the regional claims office who could address my concerns. Fortunately I knew a senior VA administrator in Washington D.C. He had one of the key leaders over VA benefits in VA Central Office call me. Through them I finally made contact with a manager in the regional claims office who was able to help correct the situation. Wounded service members should not have to have to "work the system" to ensure their claims properly handled.

VA Care

- At VA facilities I have been asked at least a dozen times if I lost my leg to diabetes/ vascular disease. VA practitioners have become specialists in geriatrics and have very little experience with blast injuries and young patients. Currently the majority of their patients are over 50, however these doctors are facing a new wave of veterans with different needs. While reestablishing Activities of Daily Living (ADLs) may be an acceptable goal for an 80 year old veteran, OEF/OIF veterans typically want to return to the active lives they led before being wounded.
- Seriously wounded veterans should be assigned to the best/ most experienced Primary Care Managers (PCMs) available. Too often it seems the veterans who have been in the system a long time know who the best physicians are. This means that the "best" PCMs are perpetually "booked up" by older veterans. Unfortunately, this leaves the newest veterans, who may have the most complex and challenging medical issues, under the care of the least experienced or desirable Nurse Practitioner.

- The VA should offer drug rehabilitation to combat veterans who received an Other Than Honorable discharge from the service for substance abuse.

Clear, Accurate, and Timely Exchange of Information

The most significant challenges to a truly seamless transition for our wounded often result from poor communication. In September of 2002 a VA news release touted the development of "a single, reliable, data source and a single point of integration between VA and DOD." Four and a half years later no such system exists for practitioners "on the ground." Last summer GAO reported that the two VA Polytrauma centers they visited could still not access DOD electronic medical records. (GAO-06-794R Transition of Care for OEF and OIF Servicemembers GAO)

I have filled out the Post Deployment Health Assessment (PDHA)five separate times at Walter Reed Army Medical Center, Brooke Army Medical Center, Eisenhower Army Medical Center, Winn Army Community Hospital, and Portsmouth Naval Hospital. Never has a facility had a record of me filling out this form. The VA also has no record of me filling out a PDHA.

I have requested, in writing, a record of my amputation at Portsmouth Naval Hospital from PNH, WRAMC, DOD, and the VA. The only evidence that I had an amputation is my lack of a leg a copy of my discharge paperwork from PNH.

We can do better than this.

Conclusion

Recently, my cousin was severely injured in a helicopter crash in Afghanistan. I have been impressed by the level of care and support he and his family have received both medically and administratively. A great deal has changed since 2003. Over the past 3.5 years I've witnessesed an evolution in the depth and nature of the health and social services provided by DOD and the VA for the wounded returning from combat. These changes will ensure that my cousin and others wounded today will not face many of the issues faced by those wounded in 2003.

Fourteen service members on my cousin's his helicopter came back to the United States on stretchers. Eight returned in flag draped caskets. These wounded, and the families of those who were killed, deserve the best this nation has to offer. The work that you all are doing is, and will continue to be, critical to ensuring wounded service members and Veterans of every generation receive the best care this nation can offer.

Thank you all for all that you are doing and thanks for having me here today.