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Mr. Chairman, ranking member and distinguished members of the committee, on behalf of Iraq and Afghanistan Veterans of America, and our tens of thousands of members nationwide, I thank you for the opportunity to testify today regarding this important subject. I would like to point out that my testimony today is as the Director of Government Affairs for the Iraq and Afghanistan Veterans of America and does not reflect the views and opinions of the United States Marine Corps.

Over the past few years, multiple commissions have made recommendations regarding the most effective way to establish coordination between the DoD and VA. These recommendations provide guidance on some of the most pressing issues affecting our nation's newest veterans. The President's Commission on Care for America's Returning Wounded Warriors and the Veterans' Disability Benefits Commission have made hundreds of recommendations, and these suggestions are joined by hundreds more from internal DOD and VA task forces. As we have seen, the complexities of instituting and coordinating these recommendations can be overwhelming. IAVA is very concerned that many of these recommendations will go where so many other committee recommendations have ended up: on a shelf, collecting dust. The Wounded, Ill and Injured Senior Oversight Committee or SOC by the Department of Defense has the responsibility of overseeing the implementation of many of these recommendations, and while great strides have been made in the past year, there is still much to be accomplished. As the SOC prepares to disband next month, it is our goal, along with other Veterans Service Organizations, to ensure that these effective measures continue to be implemented in a timely and efficient manner.

To effectively implement change, oversight is paramount. Like basic military structure, a leadership entity must be present for actions to be followed and missions to be accomplished. This is why the SOC has been so effective thus far. IAVA does not believe that this is the time to abandon one leadership structure for another, and joins our colleagues here today in expressing our concern regarding the complexities of the Senior Coordinating Committee (SOC) and the VA/DoD Joint Executive Council (JEC).

Because members of the JEC have other responsibilities in addition to their oversight function, we are concerned that implementation of the recommendations will be slowed. Oversight should not be a part-time job. It is our recommendation that the JEC be appropriately staffed with full-time leadership. Moreover, we believe that the Veterans Administration should act as the lead organization for the JEC. Many veterans and their respective Veterans Service Organizations have borne witness to the difficulties of working with the Department of Defense. While the DOD coordinates with our organizations via press releases, we believe that the open channels of communication the VA has already established with our institutions will provide an effective conduit for us to communicate whether improvements are being felt by the men and women on the receiving end.

In addition to our concerns with the current structure of the JEC, IAVA is concerned that the upcoming elections and the transition of top-level staff in the new administration will result in

unnecessary delays. It is vital that the work of the SOC does not get lost in the fray. An effective plan must be established to ensure that the work of the SOC is not hindered with changes in administration and leadership.

Finally, I would like to touch on what the priorities for both the SOC and JEC should be. The SOC has established eight lines of action or LOAs that will have a tremendous impact on the ability of new veterans to navigate the often complex transition between the DoD and VA. LOA 2 specifically addresses the two signature wounds of the Iraq and Afghanistan conflicts, PTSD and TBI. These often hidden wounds of war are extremely complex both in recognition and treatment. Last week, the RAND Corporation recently released a report that should serve as a wakeup call to this nation regarding these two injuries. From this report we have learned that the problems facing service members and veterans regarding PTSD and TBI have only gotten worse. 1 in 5 new veterans are suffering from PTSD or major depression. Just half of these veterans are receiving treatment, and of those, only half are receiving minimally adequate care. Let me say that again: 300,000 troops are suffering from a serious mental health problem, and barely 25 percent are getting care that can even be called "minimally adequate."

This should be a national outrage, and the responsibility of addressing this national health crisis will fall largely on the DOD and VA. And the problem isn't going away.

Over time, the rate of psychological injuries may be higher. Mental health wounds range in severity, and can take months or years to manifest. In the aftermath of the Vietnam War, the Congressionally-mandated National Vietnam Veterans Readjustment study estimated that approximately 15 percent of service members suffered PTSD during the conflict, but as many as 30 percent suffered PTSD at some point after their service. We can expect a higher lifetime rate of mental health injury for Iraq and Afghanistan veterans as well. Rates of mental health injuries are increasing not only because of the time it takes for troops' mental health wounds to manifest, however. Longer tours and multiple deployments are also contributing to higher rates of mental health injuries.

If we are to get ahead of the veterans' mental health crisis, we need a strong, consistent, full-time oversight committee that will address the many gaps in care facing Iraq and Afghanistan veterans. We cannot allow the accomplishments made by the SOC over the past year to be overshadowed by a lack of effective planning on how their efforts will continue.