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Statement of
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Mr. Chairman and Members of the Committee: Thank you for the opportunity to appear today to discuss VA's preparedness to meet the needs of returning Operation Iraqi Freedom and Operation Enduring Freedom veterans.

It is a special pleasure for me to be here in Idaho, the home state of the Chairman of the Senate Committee on Veterans' Affairs, Senator Larry Craig. Mr. Chairman, throughout your entire career you have demonstrated your awareness that America's veterans are the men and women who have made it possible for our Nation to be all it is today; that our nation will be judged in the future by the way we treat our veterans now; and that those who have put their lives on the line for their country deserve to be treated with respect and with dignity.

I thank you for your clear and decisive leadership in Washington and here in Idaho, which has provided our Department with the resources we need to meet President Lincoln's commitment to care for all those who have borne the battle, and for their families.

I also thank Governor Dirk Kempthorne for being here today. As Idaho's United States Senator and now its Governor, Governor Kempthorne has repeatedly demonstrated that he is a true friend to veterans and their families. Governor, VA greatly appreciates your support.

Mr. Chairman, I understand that in November, the citizen soldiers of the 116th Cavalry Brigade will return home following their brave and honorable service in Iraq. I dare say that there is no one in this entire state who has not felt their absence and no one who will not take tremendous pride in their return. The men and women of the 116th are businessmen and women; police officers; firefighters; paramedics; and some are government workers. I am proud that four are employees of the Department of Veterans Affairs: Robert Boggs; Darren Shipley; Brian Maples; and Steve McGuire. Eleven members of the brigade have already given their lives in service to our Nation, and all of us mourn their loss.

Members of the 116th fought bravely in World War II; Korea; Vietnam; and Operation Desert Storm; during which they proved to the Nation that National Guard combat units could fight, and win, against a formidable enemy even, if not especially, as citizen soldiers. Those who become ill or injured in service have earned the finest health care our Nation can provide; and it is our privilege, at the Veterans Health Administration, to be chosen to serve these heroes.

Mr. Chairman, every member of the Brigade who has served in a combat zone, such as Afghanistan or Iraq, is eligible to enroll and receive VA health care for conditions that may be related to his or her combat service. Those who enroll may receive that care for two years following their separation from active duty without being required to pay a co-payment. After this two year period is up, they may continue their enrollment in our health care system at the highest level of priority to which they are entitled.

Many of these Veterans will visit our Medical Center in Boise for their care, which is part of our VA North West Health Network. The Boise VA Medical Center currently serves approximately 70,000 veterans in 23 counties in Southwestern and Central Idaho, and four counties in Southeastern Oregon. It is affiliated with the University of Washington School of Medicine; it has student affiliations in Nursing and Social Work with Boise State University; and it has a pharmacy affiliation with the University of Idaho College of Pharmacy.

Our VA Medical Center here in Boise has a vital research program conducting internationally renowned research in aging; infectious disease; clinical pharmacology, neuropharmacology, cardiovascular pharmacology, physiology and pharmacology; and pulmonary anatomy.

Boise also provides a full range of patient care services in primary care; medicine, surgery; psychiatry; physical medicine and rehabilitation; oncology; dentistry, and geriatrics and extended care. The facility provides 46 acute care beds, and a 32 bed extended care unit including an additional nine beds for resident substance abuse treatment.

Boise's reach across Idaho is extended by community based outpatient clinics in Twin Falls and Ontario, Oregon; and a sharing program with Mountain Home Air Force Base for pathology and mental health services. VA also maintains outpatient clinics in eastern Idaho at Pocatello, which is maintained by our Salt Lake City VA Medical Center; and on the western border at Lewiston, maintained by our hospital in Walla Walla, Washington.

Finally, Mr. Chairman, we maintain two Veterans Outreach Centers, or Vet Centers, in Idaho, in Boise and Pocatello. These centers are part of VA's readjustment counseling service, and they help veterans to make a successful readjustment to civilian life once their service is completed. We also provide services to family members to assist with that readjustment.

Telemedicine involves the use of electronic medical information and communication to provide and support health care when distance separates the provider from the patient. Because much of Idaho is rural, we use telemedicine extensively throughout the state to increase access to our care, especially for veterans who are in remote locations, and those who are disabled and elderly. We use telemedicine in radiology, mental health, cardiology, pathology, dermatology, psychiatry, and in home care teleconsultations for spinal cord injury patients and for patients with other chronic conditions. Nationally, VHA conducts more than 350,000 consultations annually via telemedicine.

We are proud of our ability to serve Idaho's 136,000 veterans in many ways, and I am grateful for this opportunity to speak directly to them.

Mr. Chairman, it is not sufficient that those in attendance in this hearing know the services VA has available for returning service members. Clearly, it is our obligation to make certain that our returning heroes are aware of all the benefits and services a grateful nation will provide to them in return for their service and sacrifices.

Our Department actively participates in discharge planning and orientation sessions for returning service members, including members of the Reserves and National Guard. I expect that every member of the 116th will receive a copy of our new brochure, "A Summary of VA Benefits for National Guard and Reserve Personnel" before he or she is separated from military service. The brochure summarizes the benefits available to this important group of veterans upon their return to civilian life.

We have already distributed more than a million copies of this valuable brochure—and it is available online, as well, at a new "Iraqi Freedom" link on VA's website—which also provides information on VA benefits, including health and mental health benefits; Department of Defense benefits; and community resources available to guardsmen and reservists and their family members.

We also conduct special briefings for reserve and guard members. We have already briefed more than 200,000 reservists and guardsmen since the war began—68,000 at 974 briefings in 2005 alone. And every reservist and guardsman returning home receives a "thank you" letter from Secretary Nicholson, along with information brochures telling them about health care and other VA benefits; providing toll-free information numbers, and offering them the addresses for appropriate web sites to help them and their families obtain additional information.

Mr. Chairman, outreach is not the only manner through which VA has prepared to welcome the 116th—and their counterparts throughout the nation—back home. Our medical center employees have been thoroughly trained to ensure that they can identify these new combat veterans, and to take appropriate steps to ensure that they receive the world class care they have earned.

Most of VHA's nearly 200,000 employees have seen a video we prepared, entitled "Our Turn to Serve." The video was designed to help them better understand the experiences of our nation's newest veterans, and shows them how they can provide these heroes with the best possible service. Our Veterans Health Initiative is a program designed to increase recognition of the connection between military service and certain health effects; to better document veterans' military and exposure histories; to improve our ability to provide patient care; and to establish a database for further study.

We have recently developed a training module for the Initiative called "Treating War Wounded," which is designed to help our clinicians manage the clinical needs of veterans who return home with physical wounds. Other modules, on spinal cord injury; traumatic amputation; post traumatic stress disorder; blindness and visual impairment; hearing loss; and infectious disease risks in Southwest Asia are also available. In addition, VA's national center for Post Traumatic Stress Disorder has developed an "Iraq War Clinician's Guide," to help clinicians promptly recognize and treat the symptoms of PTSD.

Mr. Chairman, I know the men and women of this great state and all American citizens are concerned about the physical cost of this war. I am aware that Idaho's citizens pray for the safe return as I do of all of the brave servicemen and women who serve today on the front lines of freedom, not just their fellow citizens. And I know that veterans of previous wars, and their loved ones, are concerned that VA might be overwhelmed by these new veterans, and that their level of care might be reduced as a result.

As of July 1, 2005, VA is aware of 393,000 veterans who have been discharged from service since the beginning of the war. About 60% of these are guardsmen or reservists like the men and women of the 116th; the remainder are active duty troops. Just over 100,000, or 26%, have sought VA health care but less than one percent of them have been hospitalized since their return. The veterans we have seen, therefore, represent a relatively low proportion of our total patient load but many have suffered much greater acute trauma than our other patients.

They are coming to us with a wide variety of both medical and psychological disorders. The most common health problems have been principally joint and back problems and dental problems the kinds of issues we would expect to see in young, active, military populations.

A growing number, however, come to us with mental health issues. Let me be clear, Mr. Chairman, that nearly every service member who is exposed to the horrors of war comes away with some degree of emotional distress. Many will have some short-term adjustment reactions; a normal response to an abnormally stressful situation. Thankfully, the majority of troops will not suffer long-term consequences from their combat experience. And we believe it may be possible to lower the incidence of long-term mental health problems through a concentrated effort of early detection and intervention.

Our comprehensive strategic plan to provide mental health care to those needing help integrates the lessons of the past with our current understanding of the best approaches to emotional support and mental health care. Our orientation towards returning service members incorporates a public health approach to care, and is guided by the principles of the President's New Freedom Commission on Mental Health, which endorses holistic integration of physical and mental health care, and focuses on restoration of function and recovery.

As of the beginning of this month, 12,326 veterans have received a provisional diagnosis of PTSD. Our data also indicate that 3,596 OIF/OEF veterans have been evaluated or treated for PTSD at our Vet Centers, such as the ones in Boise and Pocatello. Allowing for those veterans who have been seen at both Vet Centers and VA Medical Centers, a total of 14,697 veterans have been evaluated or treated for that illness; and 20,818 more have received care for adjustment reactions.

The difference between adjustment reactions and PTSD can best be described in this way: adjustment disorders may result in temporary impairment in veterans' social or occupational functioning or in symptoms and behaviors that are beyond the normal expected response to stress. They are resolved either when the stimulus is removed, or when supportive therapy allows the patient to better adapt to his or her environment. Post Traumatic Stress Disorder, however, is not necessarily time-limited in its course, and it always requires a higher level of medical intervention.

For veterans who do not have PTSD, our 207 community-based Vet Centers can provide interventions at a local level that are often all that are needed to resolve a veteran's symptoms and allow him or her to return to normal life. Veterans with more severe mental health issues receive comprehensive care through a continuum of services designed to meet their changing needs. The intensity of care ranges from acute inpatient settings to residential services for those who need structured support before returning to the community to a variety of outpatient services, including day hospitals and day treatment centers—all of which, by the way, are available at our Boise hospital. If it is needed, we can provide long-term inpatient or nursing home care as well.

Mr. Chairman, VA is able to care for all OIF and OEF veterans who will develop, or have developed, mental health issues; not only in Idaho but throughout the United States. This fiscal year, we have allocated \$100 million to implement new initiatives to improve our mental health services, and the President's Budget Amendment for Fiscal Year 2006, which you so ardently have championed, will provide us with sufficient funding to not only care for all veterans with PTSD, but to provide for all the health care needs of OIF and OEF veterans in the world class manner to which they are entitled.

VA is also prepared to provide specialized care for servicemembers and veterans who have sustained severe and multiple catastrophic injuries. Since the war began, four regional Polytrauma Centers have served as regional referral centers for individuals who have sustained serious disabling conditions in combat. The nearest center to Idaho is in Minneapolis, but we also have centers in Palo Alto, California, Richmond, Virginia, and Tampa, Florida.

Patients treated at these facilities may have traumatic brain injuries—sometimes in combination with amputation, blindness, hearing loss, orthopedic injury, or mental health concerns. We provide specific rehabilitation programs tailored to each veteran's individual issues, and manage associated conditions by making sure that specialists from other fields work closely with the clinicians who are managing the veteran's or servicemember's progress.

We also insure that families are fully involved in the recovery process—and work with local businesses and others to find them discounted housing, meals, and transportation. Should an Idaho resident be admitted to one of our Polytrauma Centers, his or her family will find a warm welcome and a home away from home if they want to be there to support their loved one's recovery.

Mr. Chairman, I am proud to join you and the citizens of Idaho as we await the safe return of the 116th Cavalry Brigade from their duty on foreign shores. On behalf of all VA employees in this state, and every VHA employee nationwide, I thank the Idaho patriots who have served our Nation in uniform in this war, and in all our previous wars. I am honored, and humbled, to have the opportunity to work together with you to meet our Nation's commitment to them and their comrades.