

Chairman Patty Murray

Statement of Chairman Murray

Senate Committee on Veterans' Affairs

Hearing: Seamless Transition: Review of the Integrated Disability Evaluation System

May 23, 2012

Welcome to today's hearing to examine the ongoing efforts of the Department of Defense and the Department of Veterans Affairs to provide a truly seamless transition for our servicemembers and veterans.

Almost a year ago today, this Committee held a hearing on VA and DoD efforts to improve transition. We explored a number of issues, including the Integrated Disability Evaluation System. At the hearing, we had an opportunity to hear from both Departments about the state of this joint program.

The Departments' testimony that day spoke to how the Departments had "...created a more transparent, consistent, and expeditious disability evaluation process." Their testimony also stated IDES is a "...fairer, faster..." process. Well, now that the joint system has been implemented nationwide, I have to say that I am far from convinced the Departments have implemented a disability evaluation process that is truly transparent, consistent, or expeditious.

There are now over 27,000 servicemembers involved in the disability evaluation system. As more and more men and women return from Afghanistan and as the military downsizes, we're going to continue to see an even larger group of servicemembers transition from the military through the disability evaluation process. This process impacts every aspect of a servicemember's life while they transition out of the military. But it doesn't stop there. If the system doesn't work right, it can also negatively affect a servicemember and their family well after they have left active duty.

Getting this right is a big challenge – but it's one that we have no choice but to step up to meet.

I've seen the impacts of a broken system – whether it's from a wrong diagnosis, an improper decision, or never-ending wait times. And when the system doesn't work, and servicemembers can't get a proper mental health evaluation or diagnosis, it means they are not getting the care they need.

Without the proper care, these men and women may find themselves struggling to readjust to family or civilian life, and they often struggle to find work.

Worse yet, we've heard stories of soldiers overdosing on drugs, and in far too many cases, taking their own lives. These are real tragedies, affecting real servicemembers, and they're happening despite a system intended to provide greater support to our wounded, ill, and injured.

I've seen firsthand the impact an improper decision can have on a soldier and his family. Earlier this year, I met Sergeant First Class Stephen Davis and his wife Kim who are stationed at Joint Base Lewis-McChord in my home state of Washington. Sergeant Davis led his men in combat in both Iraq and Afghanistan. He was exposed to multiple IED explosions during his service. And after being treated by the Army for years for PTSD and other mental health disorders, he was told during the disability evaluation process that he was making up his ailments. From speaking with him, I can tell you that Sergeant Davis and the hundreds of other men and women at Joint Base Lewis McChord are far from satisfied with the transparency and consistency of the disability evaluation process.

All of these men and women had been diagnosed with, and in many cases were receiving treatment for, PTSD during service. But then, during the disability evaluation process they were told that they were exaggerating their symptoms; they were labeled as malingerers; and their behavioral health diagnoses were changed.

Since then the Army has launched investigations and hundreds of soldiers are being reevaluated in an effort to make this right. In fact, the most recent update from the Army shows that out of the 196 cases that have been reevaluated, 108 have resulted in a diagnosis of PTSD. That's more than half. Still more have received other significant behavioral health diagnoses. Other referrals and reevaluations are still occurring.

And I am still hearing from those who have completed their reevaluations, only to find themselves stuck back in the same disability evaluation system that failed them. Despite all these men and women have been through, they continue to have their behavioral health injuries minimized and feel like their chain of command doesn't understand what they are going through. Clearly, more must be done to build uniformity and accountability into the process of identifying those who are struggling with PTSD and other behavioral health problems.

In recent weeks the Army has taken a number of steps in the right direction. Their recent policy on the diagnosis and treatment of PTSD addresses a number of the concerns I have raised. It standardizes Army mental health care through the use of proven treatments and assessments. It also recognizes how extraordinarily rare it is for servicemembers to fake symptoms of PTSD. This acknowledgement is critical, as we saw all too often that accusation at Madigan Army Medical Center.

Additionally, just last week, the Army took another critically important step forward in addressing the concerns I've been raising by announcing a comprehensive Army-wide review of behavioral health evaluations and diagnoses in support of the disability evaluation system.

I applaud the Army leadership for taking some significant steps toward addressing these issues. This is going to take continued engagement from Army leadership.

Now I know some may argue that this is just a Joint Base Lewis McChord problem or an Army problem. But it is not. This is a system-wide problem. We'll continue to see issues similar to those at Madigan until DoD and VA ensure policies and actions like those we've seen from the Army in recent weeks are adopted across the Services and throughout this joint system.

Ensuring servicemembers receive a proper diagnosis and the care and benefits they earned is an obligation we have as a nation. We owe it to these men and women to get this right. These are not the only challenges confronting the Integrated Disability Evaluation System. We will hear today from GAO about other challenges facing the Departments. Challenges which sound all too familiar.

Everyone on this Committee knows of VA's struggles to address the claims backlog. I'm troubled because numbers from the Integrated Disability Evaluation System paint a similar picture.

Enrollment continues to climb; the number of servicemembers' cases meeting the Departments' timeliness goals is unacceptably low; and the amount of time it takes to separate and provide benefits to a servicemember through this system has risen each year since its inception.

This continued rise in the amount of time it takes to provide a servicemember with a decision has to be addressed. The goal the Departments have set for completing IDES is 295 days for active duty and 305 days for reservists. Last year on average it took active duty servicemembers 394 days and it took reservists 420 days. That is around 100 days longer than your goal. This is simply unacceptable.

Dr. Rooney, Mr. Gingrich, right now the Departments are failing these servicemembers. The only thing this Committee is interested in are the solutions to this problem and the dedication of your leadership to making things better. We can't allow the same problems that plague the larger disability claims system to negatively impact the transition of thousands of servicemembers in the next few years. The consequences are too severe.

Clearly, much work remains to be done. While we've seen the Army moving in the right direction, now DoD and VA need to take these lessons learned and apply them across the entire system. Not only will this require quick action, but most importantly this effort is going to require the total engagement, cooperation and support of all the senior leaders at both Departments to get this done right.

While DoD and VA are at a critical juncture, I am confident that by working harder, smarter and faster, the Departments can improve the system for the thousands of men and women who will be transitioning in the next couple of years.

And with that I will turn to Ranking Member Burr for his opening statement.