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STATEMENT OF MAJOR L. TAMMY DUCKWORTH Senate Committee on Veterans' Affairs
March 17, 2005

Mr. Chairman and distinguished members of the Committee, thank you for the opportunity to come before you today to discuss the care of wounded service members injured in Operations Enduring Freedom(OEF) and Iraqi Freedom (OIF) and our efforts to facilitate the transition between the Military and Veteran Affairs (VA) Health Care Facilities, and between military and veteran status. .

The medical efforts of Walter Reed Army Medical Center, as well as the medical team at Landstuhl, the Combat Area Surgical Hospital and the in-theater MEDEV AC helicopter crew have been extraordinary. In any previous conflict I would not be alive today. It is a testament to the superior protective equipment that I was wearing and to the medical care pipeline from the front lines to Walter Reed that I can be here.

I would like to take a moment to stress the unique nature of the military healthcare system. While civilian professionals are an important component in that system, there is no substitute to being treated by, and recovering with fellow Soldiers. Only a fellow service member can understand the stresses and wounds of combat. The CASH in Baghdad is the target of frequent rocket attacks. I have met physicians and nurses at Walter Reed who were there. They know on a personal level what the foot soldier faces. Additionally, I doubt that doctors at a stateside civilian hospital would be as familiar with the damage caused by a rocket propelled grenades, improvised explosive devices, or the dangers of theater-specific bacterial infections. Soldiers, whether they are physicians or other wounded Soldiers understand the warrior ethos that drives my recovery. .

As disabled Soldiers transition to veteran status, we will look to the V A to provide continued access to healthcare, health technology, assisted living devices and social services. The V A will have to face the challenge of providing care at the high level set by the military healthcare facilities. This is a challenge that the V A can meet if it is given enough resources and . if it listens to disabled service members and puts forth the effort to meet our needs.

The first, most easily identified need that the V A will have to support is continued access to technology. Disabled veterans will require access to different devices as they age and as the available technology undergoes innovation. The VA will need to track ongoing changes in medical technology such as in prosthetics research and inform the veteran of the availability of this new technology.

I am certain that while the American people are focused on injured Soldiers from the Global War on Terrorism, the funds to aid those Soldiers will continue to be forthcoming. I am concerned that during peacetime, funds for research such as in the field of prosthetics will be reduced. The V A needs to continue to support the cutting edge research that is underway as a result of the current conflict's wounded. In order to do so, the V A itself will need continued funding earmarked for this purpose.

Second, as I look around at the other wounded Soldiers, it is clear that the majority of them are young with long lives ahead of them. Whether we will continue to have the honor of serving in

uniform, or return to productive civilian lives, we will require continued access to high quality VA services as we age. The V A will need to support this need over the long term as currently wounded Soldiers will be accessing its programs over a lifetime.

Third, in order to provide ongoing care to veterans, the V A will have to identify and develop specific programs and cultivate professionals to implement them. Experience is, as we say in combat terms, a force multiplier. The technologies that make recovery possible from such severe wounds require experienced professionals to assess and apply them to the veteran. Patients benefit from long-term relationships with highly trained and experienced specialists. This is especially true of the therapists that specialize in amputee care who grow to know the peculiarities of residual limbs and the use of prosthetics. The level of care provided by the VA will be enhanced by a commitment to the programs and professionals who will interact with the patient.

Fourth, disabled soldiers will need access to assisted living devices such as:

- 1- High tech prosthetic care.
- 2- Orthopedic care and rehabilitation.
- 3- Home modifications e.g. ramps, thresholds, lifts and wide doors.
- 4- Vehicle modifications/hand controls.
- 5- Specialty equipment such as wheelchairs, bathroom equipment, hand cycle, adaptive sports equipment.
- 6- Specialty equipment for blinded soldiers such as talking appliances or computers.
- 7-Smart home technology:

Fifth, the V A will need to provide access to social services such as job counseling and psychological support. Many of the young wounded Soldiers today need advice on which jobs or educational programs will be most suited to them. Such career counseling will allow the Soldier to maximize the educational and job training benefits provided by the V A. Additionally, those that sustained brain injury as well as those that develop psychological trauma will need long term counseling and support.

Finally, it does the disabled veteran no good if he or she is unable to access the various programs provided by the VA. While still assigned to Walter Reed I have immediate access to

the prosthetics care that is part of my recovery process. This access will continue for me through the new amputee center. However, for disabled veterans living in areas far from V A Hospitals and facilities, travel itself is a significant obstacle to their continued care. These disabled veterans will need regular, easy transportation support from the V A.

I applaud the V A and Department of Defense (DaD) partnership that assists military service members who have served in combat and aims to provide them with a seamless transition to civilian life and veteran status.

Those select individuals from amongst the American people who would willingly serve in the armed services are a limited resource. Our warriors are expensive, and indispensable. I believe we must jealously guard this resource, retaining as many as possible in the service, and sparing little in the effort to return one of them to service. For example, the cost to "make" another Military Police Captain in order to replace a wounded one is prohibitive when compared to the medical costs to fix wounded Soldiers and return them to duty.

I would urge you to think of the efforts of the Army Medical Department (AMMED) and the VA as a force multiplier for two reasons. First, these organizations can help us retain good Soldiers, Marines, Airmen and Sailors who would have otherwise not been able to continue to physically

accomplish their missions and remain in the service of the United States. These wounded have already been trained at great expense, as well as been tested and gained invaluable experience in the crucible of combat.

I believe we want to ensure that our warriors are secure in the knowledge that, when and if their comrades are hurt we will take care of them. The frontline Soldier should not expend a moment of time to worry about a fallen comrade. We must ensure that he knows, 'my buddy made to Walter Reed, he will be ok, they have the best doctors, and cutting edge technology there'. We will maintain the optimal morale and performance from our Soldiers through ensuring that these medical facilities are adequately funded.

I have experienced first hand the excellence of the Army's medical system for the combat wounded. Because of the type of injuries, and the geographical location of my home, I have been treated at Walter Reed. Had I been burned badly I would have been sent to a different facility. For example, an amputee center has been opened at Ft. Sam Houston's Brooke Army Medical Center. I believe it is just as important to fund all of those facilities. I can only hope and implore that the VA steps up to receive disabled veterans as we transition into its care from the military medical system. In order to continue to provide care at the level provided by the military health care system these programs will have to be funded into the future.

On behalf of our injured, wounded or ill service members and their families, I thank members of this great institution for providing us with the funding and resources to take care of

some of the finest citizens of this nation. These are the men and women in uniform who have committed their lives and well being to the defense and protection of this great nation. Thank you for the funding that provides invitational travel orders for family members, allowing my husband and mother to be at Walter Reed. They are an important part of my rehabilitation team. The AMEDD, with WRAMC on the cutting edge, has provided world class health care to injured and wounded members of all the Services. A strong partnership between the military healthcare system and the Department of Veterans Affairs will provide the optimal care for the needs of our service members and their families.