

OPENING STATEMENT Senator Barack Obama

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Thank you, Chairman Akaka and Senator Craig for holding this hearing.

I'm pleased that the Pentagon and the Department of Veterans' Affairs have taken some steps to smooth the transition from active duty to civilian life. For example, significant efforts have been made on behalf of the most severely injured servicemembers. But, when I look at the programs and systems put into place to help our veterans and compare them to the sheer numbers of servicemembers entering civilian life, I'm worried that many veterans--especially, the less severely injured and those with mental health problems--will fall through the cracks.

The numbers are overwhelming. More than 630,000 servicemembers who were deployed in the war on terror are now veterans. More than 50,500 soldiers have been injured in Iraq and Afghanistan. Yet the VA has only provided intensive casework assistance to 6,700 severely injured veterans. That means that a vast majority of troops leaving the military, including many injured men and women, do not have caseworkers dedicated to guiding them through the bureaucracy, scheduling their first medical appointments, and ensuring their benefits are coming through in a timely fashion. This lack of coordination may be the reason why fewer than 1/3 of Iraq and Afghanistan veterans have actually sought care at the VA.

I'm pleased that the Committee will be holding hearings on transition, and I hope that the Committee will focus on several aspects of this issue.

First, proper budget planning is critical. A recent Harvard report estimated that the total lifetime costs of providing disability benefits and healthcare to Iraq and Afghanistan veterans will range from \$350 billion to \$700 billion. The reality, however, is that the VA has little idea what those numbers actually will be. Over the last two years, the VA has experienced \$3 billion in budget shortfalls, largely because it failed to account for the demands of new Iraq/Afghanistan veterans. DOD has taken some steps to provide the VA with data on separating service members, but has not turned over the information that the VA needs to conduct accurate long-term budgetary planning. The VA is essentially operating in the dark, and we need to start keeping better track of soldiers and potential future demands on the veterans' system.

Second, we need to focus on electronic medical records. I know we cannot wave a magic wand and get interoperable health records, or real-time, two-way information sharing. But the Pentagon has dragged its heels in modernizing and sharing data, and veterans are suffering as a result. The GAO found that even in cases when DOD facilities set up information-sharing agreements with VA hospitals, the system is plagued with technical glitches. I've proposed that all servicemembers should receive secure electronic copies of their health and service record to simplify the process for applying for benefits and health care. I hope the Committee will act on my proposal.

Finally, I'm concerned about the VA's ability to deal with post-traumatic stress disorder and traumatic brain injury. Thirty-six percent of Iraq and Afghanistan veterans treated so far have been diagnosed with some kind of mental health condition. Traumatic brain injury, the signature injury of the Iraq war, is one we still know little about. We need to make sure the VA has the expertise and manpower to care for veterans with TBI and PTSD.

Thank you again Chairman Akaka, Senator Craig. I look forward to this hearing.