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RECORD VERSION

STATEMENT BY

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UNITED STATES ARMY

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Commanding General, North Atlantic Regional Medical Command and Walter Reed Army Medical Center

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 (OEF) and Iraqi Freedom (OIF) and our efforts to facilitate the transition between the Military and Veterans Affairs (VA) Health Care Facilities and between military and veteran status. The efforts of my regional medical facilities and the VA have been extraordinary in this arena.

Let me begin by addressing the VA and Department of Defense (DoD) partnership that assists military service members who have served in the Global War on Terrorism (GWOT) in obtaining health care and other services from the VA. The VA/DoD partnership has made generational advances over past efforts to synchronize health care treatment and transitions between DoD Medical Treatment Facilities (MTFs) and the VA health care facilities. This partnership has sought to ensure the process of moving patients from one health care system to the other is as seamless as possible. Prime examples of this are the exchanges of experienced clinical and administrative staff members to serve as liaisons between the MTFs and VA facilities. The VA has provided dedicated social workers and nurse case managers that serve as the VA representative that can assist with the multi-disciplinary coordination required to ensure the most effective treatment regimen for patients is harmonized prior to Service members being transferred from the MTF to the VA. Furthermore, these case managers collaborate with TRICARE in order to synchronize medical issues between the patient, their family members and the TRICARE benefit counselor. The results of these moves have been notable improvements in obtaining TRICARE authorized benefits for both the Service member and their family. In addition, the WRAMC staff is coordinating with VA on the separation of traumatically injured Service members, to ensure VA disability benefits can be awarded days after separation. The VA has stationed several VA/DoD liaisons at the major DoD health care facilities, along with the creation of the VA Office of Seamless Transition (which provides policy guidance on improving the clinical and administrative processes between our two agencies). In collaboration with these initiatives, the Army Medical Department (AMEDD) has assigned dedicated social work and nurse case managers to coordinate patient transfers between the MTF and the VA. Furthermore, the AMEDD is assigning active duty liaisons to support all four of the VA's Poly Trauma Centers on a trial basis. The goal of this initiative is to maintain the lines of communication between the agencies to ensure priority placement and access to VA health care services. These moves provide for clear, comprehensive and early intervention and overview of VA health care services and benefits for Service members and their families. Because of this relationship between our two organizations and by virtue of early assistance intervention, the transition from the MTF to the VA has been much improved.

Since last summer, NARMC has transitioned over 54 Service members from our MTFs to the VA. This process replicates itself throughout the AMEDD and the VA. But I also want to expand on the benefits of this partnership to include more than just the seamless transition of Service members from one health care system to another. Our reengineered relationship is

energized at the grass root level between the major MTFs and the VA health care centers. These programs allow VA benefit counselors to access Service members and their families before they are transferred to the VA. The VA has stationed seasoned rehab, benefits and vocational counselors at Walter Reed Army Medical Center (WRAMC) and other major MTFs within DoD to assist Service members and their families. These counselors provide crucial information and education related to the network of VA benefit program available to Service members and their families. They work with the MTF, VA case managers and the other various DoD/MTF patient initiatives to arrange for the full breadth of patient care and family assistance. This care and benefits coordination has proven to be instrumental to the success of the Defense and Veterans Brain Injury Center as service member's transition between Walter Reed Army Medical Center and the four Poly Trauma Centers located in Richmond, VA, Tampa Bay, FL, Minneapolis, MN and Palo Alto, CA. But the partnership is more than this; it also focuses on the needs of the Service member and their families beyond the boundaries of immediate, direct health care. It takes on a more holistic approach by expanding the scope of assistance to Service members and their families once integrated into those communities. The VA intercedes at the earliest point possible to discuss the many benefits they can offer. One snapshot of these initiatives is the pastoral care services of the Tampa VA under Chaplain David Lefavor, a Chaplain in the Traumatic Brain Injury Center. He works very closely with WRAMC's social work service center by coming to WRAMC and visiting Service members and their families prior to their transition to the Tampa VA.

Let me take a few minutes to relate some of the many other initiatives and programs that the MTF, in conjunction with DoD and other players, have brought into existence to assist and serve our Service members and their families. WRAMC recognized at the outset of the war that it was not fully equipped to handle the many needs of the family members of Service members injured or wounded in Afghanistan and Iraq. Thus the Medical Family Assistance Center (MEDFAC) was created to address the needs of family members and Service members. The MEDFAC's primary objective is to provide for comprehensive support to those family members and next-of-kin who would travel from across the country to be with their loved ones injured in support of operations in Iraq. The MEDFAC was activated on 4 April 2003 and since its inception, the MEDFAC has provided services to over 4,000 patients and their family members/next of kin. The MEDFAC operates on a 24 hour basis and a representative from this cell meets every Service member evacuated to WRAMC upon their arrival. They assist Service members and family with a barrage of issues or concerns ranging from family and Service member travel, reception of both family members and Service members, arrangements for lodging, and financial assistance for those in need.

Between April 2003 and March 2005, the MEDFAC arranged over 1,200 invitational travel orders (ITOs) for family members of sick, wounded or injured Service members. They coordinated and arranged for an assortment of referral services for Service members and their families (such as grief/mental health support, legal consultation, crisis counseling, etc). They have established a network of lodging facilities that include the WRAMC Mologne House, the Fisher House and various hotels in the local community that have accounted for over 20,000 room nights for OIF/OEF patients and family members. In support of this, the MEDFAC has arranged for over \$400,000 in grants for lodging and food assistance. They have arranged for the disbursement of over 400 airline tickets for family members at no cost to the family member.

The MEDFAC serves as the focal point for family assistance with the myriad of organizations that are friends and supporters of the military community (American Red Cross, United Services Organizations (USO), Fisher House Foundation, Fallen Patriot Fund, Soldiers' Angel Foundation, Walter Reed Society, VA, Disabled Soldiers Support System just to name a few). The MEDFAC can and will continue to broaden its role into peacetime family support operations with the goal of maintaining a ready, responsive organization with available resources for immediate response and activation in crisis situations.

I want to personally thank the members of Congress for working to amend statutes that restricted our ability to provide appropriate, time sensitive support to our GWOT Service members and their families. The authority granted by this body for injured or wounded GWOT Service members to receive up to \$250 for the procurement of civilian attire has had positive effects on Soldiers and their families. In addition to seeking statutory changes from Congress, the military is also revising its own regulation to make certain that we have the tools and procedures in place to expeditiously address and assist military personnel and their families during time of uncertainty and bereavement at the injury or loss of a loved one. In late 2003, WRAMC's Staff Judge Advocate established an Expedited Personnel Claims Program (under the Military and Civilian Personnel Claims Act). Soldiers returning from Operation Iraqi Freedom/ Operation Enduring Freedom who are combat casualties, or who have otherwise suffered from an in-theater injury or illness, sometimes have had personal property destroyed, or are forced to leave their personal property behind in the care of their units. The expedited personnel claims program simplifies the process by minimizing documentation which allows the majority of claims to be settled in one working day. Reimbursement is speeded by treating the claims as "emergencies" and arranging for electronic funds transfer. Well over 600 claims have been filed, settled and paid under these procedures, with disbursements in the past 15 months in excess of \$1M.

In order to facilitate the medical and non-medical needs of our Service members and family members, WRAMC has teamed up with a combination of Federal and State agencies, private sector employers, service-providers, veteran service organizations and DoD support staffs to address four core objectives; 1) identify challenges and solutions to transitioning service members and their families; 2) identify special services that organizations and agencies will provide; 3) identify ways to effectively implement services; 4) insure integration and collaboration. As a result, DoD liaison offices are being established at WRAMC to coordinate the delivery of services to our Service members and their families. Two of the primary HQDA/ DoD agencies that have or will have liaison offices at WRAMC are the Disabled Soldier Support System (DS3) and the Military Severely Injured Joint Support Operations Center. The Army's DS3 program is on the cutting edge of providing assistance to Soldiers and their families. In April of 2004, the Army introduced DS3, providing severely disabled Soldiers and their families with an advocate to support America's sons and daughters as they transition from military service back into their civilian communities.

DS3 provides Soldiers and their families with a personal DS3 advocate, called a Soldier/family management specialist. This specialist ensures Soldiers understand the numerous support programs available to them and provides the Soldier with assistance in completing administrative requirements to receive support that is so well deserved. DS3 maintains contact with the

Department of Veterans Affairs, Department of Labor and other organizations that assist veterans. Additionally, private sector employers have agreed to routinely sponsor career events at WRAMC; and for the first time at WRAMC, both Department of Labor and the VA will work along with Army Career and Alumni Program Counselors (ACAP) to facilitate Transition Assistance Program workshops. The intent is to better integrate existing programs to provide holistic support services for our severely disabled Soldiers and their families from initial casualty notification to the Soldiers' return to his or her home station and final career position. DS3 will also use a system to track and monitor severely disabled Soldiers for a period up to five years beyond their medical retirements to provide appropriate assistance through an array of existing service providers.

Each of the Services has initiated similar efforts to ensure that our seriously wounded Service members are not forgotten?medically, administratively, or in any other way. To facilitate a coordinated response, DoD has established the Military Severely Injured Joint Support Operations Center. The Joint Operations center is collaborating, not only with the military Services, but also with other departments of the federal government, nonprofit organizations, and corporate America to assist these deserving men and women and their families. Twenty-four hours a day, 365 days a year, the Joint Support Operations center is a toll-free phone call away.

In closing I have pointed out only a few of the things that we are doing together on behalf of our injured, wounded or ill Service members and their families. I want to again thank members of this great institution for providing us with the funding and resources to execute our mission which is 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. Finally, I would like to point out that the AMEDD, with WRAMC on the cutting edge, has provided world class health care to injured and wounded members of all the Services and will continue to do so. We have established a strong partnership with the Department of Veterans Affairs facilitated by an unwavering spirit of cooperation in our efforts to provide a holistic approach to taking care of the needs of our Service members and their families.

Thank you.