

TESTIMONY

Chairmen Isakson and Miller, Ranking Members Blumenthal and Brown, members of the committees: thank you for inviting Wounded Warrior Project (WWP) to testify at this joint hearing. I am Ryan Kules, the Combat Stress Recovery Director at WWP. I am testifying this morning not only as a WWP staff member, but also as a wounded warrior. I want to take this opportunity, first, to describe our programs and services, including several of our newer initiatives with which you may not be familiar and, second, to discuss our policy priorities for the coming year.

I. Wounded Warrior Project Programs and Services

Since 2003, WWP has existed with a vision to foster the most successful, well-adjusted generation of wounded service members in our nation's history. WWP began when several veterans and friends, moved by stories of the first wounded service members returning home from Afghanistan and Iraq, stuffed backpacks with comfort items for warriors returning home off the battlefield to Walter Reed. These backpacks had clean clothes, toothbrushes, calling cards—simple things that we all take for granted, but things that made a world of difference to those who had been rushed from the battlefield to the hospital with nothing but the clothes on their backs. With each backpack came a promise—that whatever that injured service member would need in the future, whatever their family would need in the future, WWP would be there—and that it would be there for a lifetime, after public attention had faded away.

In the years that followed, WWP expanded to make good on those promises. As of last month, we serve over 85,000 veterans who have been injured in both mind and body since 9/11, along with over 16,000 of their caregivers, filling critical gaps where government programs leave off. We do this through twenty distinct programs in the areas of mental health, physical health, and economic empowerment, as well as programs to help Alumni more generally engage with each other and their communities.

WWP never charges dues or fees for participation; all of our programs are free because we believe the injured veterans we serve paid their dues on the battlefield. We refer to those we serve as Alumni to underscore their shared experience of being injured in service to our country.

Our mental health programming is designed in response to the fact that 76.2% of our Alumni report suffering from post-traumatic stress disorder (PTSD). In response to that need, we offer a variety of pre-clinical interventions including Project Odyssey, a multi-day retreat for combat veterans designed to overcome combat stress through a connection with nature, peers, and trained counselors. Last year alone, 2,668 wounded warriors participated in these pre-clinical interventions. In addition, we also contract with regional, culturally competent provider networks to ensure that Alumni who need ongoing care will be able to access it free of charge.

One of our most exciting new mental health initiatives is the Warrior Care Network, through which we have brought together four world-class PTSD and traumatic brain injury (TBI) treatment centers at Emory University, Massachusetts General Hospital; University of California, Los Angeles; and Rush University Medical Center. In coordination with WWP, each of these

institutions will expand existing PTSD and TBI treatment programs and develop innovative two- to three-week intensive outpatient programs providing individualized care. They will also aggregate patient outcome data, share best practices and coordinate care in an unprecedented matter, resulting in smooth transitions between institutions and, where appropriate, to and from VA. We hope this groundbreaking initiative will result in a more systematic and evidence based approach to PTSD and TBI treatment. Over the next three years, WWP will invest \$70 million—leveraged with an additional \$30 million from partner institutions—to launching the Warrior Care Network.

In addition to its mental health initiatives, WWP also offers physical health and wellness programming, designed to address the fact that 84.8% of WWP Alumni are either obese or overweight, a sobering statistic given that this was once an exceptionally fit population. In many cases, we have found that the spiral into obesity is precipitated by injury, a decrease in mobility, depression, the side effects of medication, a poor diet, and lack of motivation, resulting in an inability to carry on old routines. For this reason, WWP focuses on a holistic approach to wellness, allowing a veteran and their family members to learn, practice, and perform the skills necessary to create long term behavior change.

Programs are delivered around the country with a theme of creating success in a veteran's home area, utilizing a combination of highly dedicated WWP teammates and area providers trained in inclusive, therapeutic needs. The themes of fitness, healthy nutrition, balance, mobility, and stress reduction are woven into both hands-on and online curriculums, ensuring access and accountability for even those in the remotest of regions. Noting the importance of nutrition on the grand scheme of health, a warrior is engaged in all elements of the process, from learning to shop, cooking strategies, portion control, energy balance, and the impacts of diet on obesity and disease prevention.

One of our oldest physical health and wellness programs, Soldier Ride, provides inclusive, adaptive cycling opportunities across the country and overseas for wounded veterans. The rides are typically three to five days long and are directed toward participants of all abilities. In addition to the physical and psychological benefits of cycling, a secondary gain is the visibility achieved when cycling in the community. Soldier Ride helps to raise public awareness of the challenges warriors face today. The resulting social interaction, bonding, and mentoring experienced on a Soldier Ride helps participants heal and adjust to their new normal. Last year alone, 1,845 wounded warriors participated in Soldier Ride events.

In addition to mental and physical health, WWP also offers a series of programs focused on economic empowerment. As veterans improve, these programs are designed to help wounded warriors find meaningful employment and financial self-reliance. Through our Warriors to Work program, for example, WWP has helped thousands of veterans attain permanent, full-time employment with an average starting salary of over \$42,000. Last year alone, WWP's staff placed 2,555 wounded warriors in jobs all across the nation and, since the inception of Warriors to Work, the economic impact of that program alone is \$190 million in income for veterans and

their families. In addition to our Warriors to Work program, we also offer vocational training in high demand areas, such as IT and medical billing.

Finally, before moving on to our policy priorities, I want to talk about one of WWP's newer programs, the Independence Program, which is designed to respond to the overwhelming long-term care needs of a small group of the most critically injured veterans—those wounded warriors who are most at risk of ending up in a geriatric nursing home, a solution that I think we can all agree is inappropriate for a young veteran in his or her twenties or thirties. WWP brings together Independence Program participants and their full support teams, including family caregivers and medical staff, to create individualized plans to ensure as independent and community based a future as possible. These plans include vital services such as case management, home care, respite care, residential programming, life-skills training, transportation, and education. WWP is committed to funding these plans for the duration of the participants' lifetime and has set aside a Long Term Support Trust for this purpose, ensuring that these men and women do not fall through the cracks in the government programs and have the resources they need to accomplish their goals.

Wounded Warrior Project Policy Priorities

Having described our programs and services, I now want to move on to discuss two of our most pressing policy priorities. At WWP, we focus the vast majority of our energy developing and implementing the programs I have just described. We also recognize, however, that there are certain systemic issues and problems that cannot be addressed without assistance from you, the members of this committee, and your fellow policymakers. This year we have identified two such issues that I'd like to discuss today.

A. Fair Treatment for Medicare-Eligible Military Retirees

First, as we have in prior years, we ask you to address an unintended consequence of overlapping federal health insurance plans that discriminates against and negatively impacts the most seriously injured military retirees.

As you know, most military retirees pay premiums as low as \$283 per year for traditional TRICARE health insurance plans. In contrast, the most severely wounded retirees—those who cannot work as a result of their injuries—typically become eligible for Medicare. As a result, these retirees lose access to traditional, affordable TRICARE plans. They are directed instead to enroll in Medicare, and the amount they pay for premiums skyrockets from as low as \$283 to \$1,259 per year.

Some, confused by the price increase, decline Medicare under the misimpression that they have access to TRICARE as a backup. When this happens, they lose access to *both* Medicare and TRICARE and can be left without any health insurance at all. WWP has encountered numerous veterans stuck in this situation, and, in at least one case, has paid expensive medical bills that would otherwise have fallen on the injured veteran himself.

This situation affects even those retirees who improve unexpectedly and are able to return to work. Because of rules that, ironically, were designed to be generous to the disabled, these individuals remain eligible for Medicare for eight and a half years after they return to work. The consequence for military retirees is that they must wait for this period—paying the increased Medicare premiums all the while—before they can access their traditional TRICARE benefits.

Take, for example, the case of Colonel Greg Gadson. Colonel Gadson dedicated twenty-six years to the Army, serving in every major conflict of the past two decades including Operation Desert Shield and Storm, Operations Joint Forge, Operation Enduring Freedom, and Operation Iraqi Freedom. His awards include three Bronze Stars, a Purple Heart, a Meritorious Service Medal, and the Army Commendation Medal.

Late in his distinguished career, in 2007, Colonel Gadson was severely wounded by an improvised explosive device, which resulted in the loss of both of his legs above the knee and severely damaged his right arm. Through exceptional grit and resilience, Colonel Gadson rose above his injuries; he went on to serve as Director of the Army Wounded Warrior Program and the Commander of Fort Belvoir, Virginia before retiring from service.

I think we can all agree that if anyone has earned the full panoply of DOD benefits, it is Colonel Gadson. Because of the serious nature of his injuries, however, Colonel Gadson became eligible for Medicare and lost access to the traditional, affordable TRICARE benefits he had earned. Even though he later improved and was able to return to work, Colonel Gadson remains eligible for Medicare, and thus may not access the TRICARE insurance plan he prefers for almost a decade.

I myself have also experienced this problem. I was wounded in Iraq in 2005 when my vehicle struck an improvised explosive device, severing my right arm above the elbow and my left leg above the knee. Because of my injury, I could not work for a period of time and became eligible for Medicare in 2007. At that point, like Colonel Gadson, I lost the TRICARE benefits that I had earned as a military retiree. Even though I later improved to the point where I could return to work, I remained eligible for Medicare and have thus been barred from traditional TRICARE plans for the last eight years. In the next few months, I will finally be able to transition back to the more reasonably priced TRICARE plan I prefer. But my family, like so many others, has felt for the last eight years as though we were being made to pay an extra annual expense of almost \$1,000 for no reason at all.

Military retirees like myself, and like Colonel Gadson, should not be forced to pay Medicare premiums if we would rather stay on traditional TRICARE plans. WWP looks forward to working with the members of this committee along with your colleagues on the Armed Services, Finance, Energy & Commerce, and Ways & Means committees to remedy this situation.

B. We Owe Injured Veterans the Chance to Start a Family

The second policy priority I would like to address is one that I know many of the other veterans' service organizations here today share—we ask that you instruct VA to provide in vitro fertilization in cases where veterans suffer from service connected infertility.

As I'm sure you would agree, too many veterans have returned home from Iraq and Afghanistan having lost the chance to start a family. Blasts from the widespread use of improvised explosive devices have increasingly resulted not only in traumatic amputations of at least one leg, but also in pelvic, abdominal, urogenital, and spinal cord injuries—injuries which, in many cases, result in the inability to have children. This is tragic for many reasons, but especially because, for so many wounded warriors, families are what drives reintegration into civilian life. I have three children, one of whom is here in the audience today, and I can tell you that I would not be nearly as far along in my recovery process without their love, encouragement, and support.

Rooted now in twenty years of established medicine, in vitro fertilization can be an effective solution for many injured veterans. Because it lacks congressional direction, however, VA believes it cannot offer this treatment, which leaves veterans to pay expensive out of pocket costs themselves.

This is a result which, in our view, is simply unacceptable. When a man or woman volunteers to serve and suffers injury as a result, it is incumbent on us to make them whole to the extent science will allow. These men and woman want only the very basic right to start a family and move forward in their lives. War took that away from them, and we should not place them in the position of paying tens of thousands of dollars if they want to get it back.

Take, for example, the story of Matthew and Tracy Keil, which may sound familiar as I know Tracy has testified before this committee in the past. Her husband, Staff Sergeant Matthew Keil, was shot in Ramadi, Iraq only six weeks after they were married. The bullet went through the right side of his neck and spinal cord, rendering him a quadriplegic. After focusing in the initial months on Matt's initial recovery and physical therapy, the Keils started thinking about whether, despite everything that had been taken from them, they could still start a family, which had always been their dream. Matt's doctors explained that, given the nature of Matt's injuries, in vitro fertilization would likely be their only option. Unfortunately, however, VA believed it could not cover the cost because of the unclear statutory language currently on the books.

Tracy and Matt were faced with the difficult decision of foregoing their dream of having children or paying tens of thousands of dollars out of pocket for the chance to achieve it. This was an especially difficult decision given that Tracy had given up her full time job to care for Matt. Thankfully, Matt and Tracy were able to scrape together the out of pocket payments for one IVF cycle and today have two beautiful twins to show for it. For others in their situation, however, paying out of pocket is not an option. These men and women have already sacrificed so greatly for our country; covering the cost of their treatment and allowing them the chance to have children is the least we can do to help them reintegrate into civilian life.

Like many other veterans service organizations present here today, then, we ask you to clearly and unambiguously authorize VA to provide in vitro fertilization, and we look forward to working with you however we can to achieve this result.

Thank you for the opportunity to testify today. In closing, we look forward to working with you and your fellow lawmakers to help our wounded warriors achieve the success they deserve. I am happy to answer any questions you may have.