Written Testimony of Lt. Gen. Michael S. Linnington (Ret.)
Chief Executive Officer
Wounded Warrior Project
March 9, 2017

Chairmen Isakson and Roe, Ranking Members Tester and Walz, members of the committees: thank you for inviting Wounded Warrior Project (WWP) to testify at this joint hearing. I am Mike Linnington, Chief Executive Officer of WWP. Before getting started, I want to congratulate the new Chairman and Ranking Members on your leadership positions. You have been tireless veterans' advocates, and – like all of the groups here – we are excited about your new roles. Chairman Isakson, your continued leadership is of course very much appreciated. We look forward to working with all of you to improve the lives of veterans and their families.

As background on our organization, WWP has existed since 2003 with a vision to foster the most successful, well-adjusted generation of wounded veterans in our nation's history. We serve approximately 100,000 veterans who have been injured in both mind and body since 9/11, along with their caregivers, filling critical gaps where government programs leave off. Through our programs, we connect these individuals with each other and their communities; we serve them by providing physical and mental health offerings, job placement services, and benefits help; and we empower them to live life on their own terms. With a commitment to continuous improvement, WWP has improve efficiency and accountability this past year, allowing us to serve even more of our post 9-11 Veterans. This month, WWP will register our 100,000th warrior; over the past three months alone, we have registered 3,830 warriors and family members. These numbers demonstrate that the need for services is great and growing. Given this need, WWP is grateful to have recently been named a four-star charity by Charity Navigator, and to have been reauthorized by the Better Business Bureau to display their Wise Giving Alliance Charity Seal. It's been a busy and eventful year, and we are honored to do what we do on behalf of a grateful nation.

Although we have a number of policy priorities, we want to take the opportunity today to highlight four on which we plan to focus in the coming year: first, enhancing collaboration between government agencies and the nonprofit community; second, improving case management and non-clinical care for veterans with traumatic brain injuries; third, streamlining health insurance so that Medicare-eligible medical retirees are not forced to pay higher premiums; and fourth, creating a permanent authorization allowing the Department of Veterans Affairs (VA) to offer in vitro fertilization.

I. Collaboration Between Government Agencies and the Nonprofit Community

Our first priority is continuing to improve collaboration between governmental agencies and then nonprofit community. As I'm sure the committees are well aware, there is a significant, national network of nonprofit programming for the benefit of injured veterans and their families. These networks will be essential for years to come. If history is any guide, we know veterans of the Iraq and Afghanistan conflicts will need assistance for a half century or more, even as these conflicts

recede from public consciousness. Built on the generosity of the American public, nonprofits are delivering results in a variety of areas – from the initial transition from service to physical and mental health to long-term economic success. The particular services offered range from research to clinical services to non-clinical care. In many cases, the offerings are already tied together into well-performing, comprehensive referral networks. WWP alone dedicates many millions of dollars to these efforts each year, and the community as a whole, of course, dedicates many multiples of that amount.

No doubt top of mind for the committees this year will be coordinating private and nonprofit clinical services with the Veterans Health Administration to create a high performing, integrated network of medical care. As the committees take on this challenge, we have an opportunity not only to integrate clinical services, but also to build from that foundation, linking to existing referral networks of non-clinical care. The creation of a network bridging non-profit with governmental – clinical with non-clinical – could help veterans better navigate the many services that are available to them. If done correctly, it has the potential to be transformative, as non-clinical care is in many cases as essential for a veteran's success as high quality medical care. We hope to work with the committee in the coming year to develop a collaborative structure that best serves veterans.

II. Improving and Coordinating Care for Veterans with Traumatic Brain Injuries

Our second priority is improving care for veterans living with moderate to severe traumatic brain injury ("TBI"). As you know, TBI is a signature injury of the Iraq and Afghanistan conflicts, and in moderate to severe cases, it presents a significant risk of institutionalization. According to the Armed Forces Health Surveillance Branch, there have been over 35,000 cases of moderate to severe TBI since the year 2000. As veterans of these wars begin to age, cases of moderate to severe TBI are not necessarily improving, and, in some cases, they are worsening through comorbidities and in other ways that threaten independence.

Veterans living with moderate to severe TBI depend upon non-clinical services like intensive case management, home care, residential programming, life-skills and behavior coaching, and transportation assistance. Without these services, many of these individuals risk ending up in a geriatric nursing home, a solution that we can all agree is inappropriate for those young veterans of the Iraq and Afghanistan conflicts in their twenties or thirties. Avoiding this result where possible is not only fiscally responsible, it is the right thing to do for the most vulnerable veterans and their families. Although VA in most cases provides excellent clinical care for this population, individuals living with moderate to severe TBI often fall through the cracks because they do not have access to non-clinical, community-based supports through VA and VA networks. Although the Assisted Living for Veterans with Traumatic Brain Injury ("AL-TBI") Pilot program, which is set to expire this year, provides some of these supports, it serves less than 300 of the over 35,000 living with moderate to severe TBI.

In response to this challenge, Wounded Warrior Project started a new program several years ago called the Independence Program, which supports veterans and service members living with moderate to severe TBI. Through this program, we bring together veterans with their full support teams, including family caregivers and medical staff, to create individualized plans to

ensure their future is as independent and community based as possible. In addition to clinical services, these plans incorporate the vital non-clinical, community based services discussed above, and thus far, we are seeing encouraging outcomes. The challenge we face with the program is scalability. Wounded Warrior Project currently enrolls 612 individuals in the Independence Program, but we know the need extends far beyond this number. We are hopeful that the Independence Program can serve as a model for VA care for this population, and we would appreciate the opportunity to further discuss with you and your staff, especially as you consider reauthorization of the AL-TBI Pilot Program.

III. Streamlining and Improving Health Insurance for Medical Retirees

Our third priority is ending health insurance premium discrimination against the most seriously injured medical retirees. As you know, most military retirees pay premiums as low as $23 per month for traditional TRICARE health insurance plans. In contrast, the most severely injured retirees – those who cannot work as a result of their injuries – qualify for Medicare. Upon qualification, these individuals lose access to low cost TRICARE plans and are required to purchase Medicare; their premiums increase from $23 per month to at least $109 per month.

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 rise above their injuries and are able to return to work. Because of rules that, ironically, were designed to be generous to the disabled, these individuals can 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 – before they can access the traditional TRICARE benefits they earned in service.

To give you an example, I want to talk about what happened to Ryan Kules, a WWP employee who is sitting behind me, and who addressed these committees last year. Ryan was wounded in Iraq in 2005 when his vehicle struck an improvised explosive device, severing his right arm above the elbow and his left leg above the knee. Because of his injury, Ryan could not work for a period of time and became eligible for Medicare in 2007. At that point, he lost the low-cost TRICARE benefits that he had earned as a military retiree. Even though he later improved to the point where he could return to work, he remained eligible for Medicare until last year. Only then, after eight and a half years of paying for Medicare that he did not want and did not need, was he finally able to transition back to the more reasonably priced TRICARE plan he preferred. All in all, Ryan's family unnecessarily paid over $10,000 for health insurance he did not want and did not need. We look forward to working with you, and with your colleagues on the Armed Services, Ways and Means, and Finance Committees, to fix this situation.

IV. Safeguarding and Extending In Vitro Fertilization Benefits at VA

Finally, I wish to thank the many members of the committees who were instrumental in temporarily reversing the outdated ban on VA providing in vitro fertilization. It means so much to the veterans who can finally start a family and move forward with their lives. Particular thanks to Senator Murray, who finally prevailed after fighting for this coverage for many years. Wounded Warrior Project was honored to work with all you and with the community of veterans' organizations that worked tirelessly on this issue.

I ask you to remember, however, that the legislation authorizing VA to provide these services was temporary; it expires at the end of fiscal year 2018. This year, along with a broad coalition of veterans' organizations, we will advocate for the committee to make this legislation permanent. We will also oppose any attempts to backtrack on this coverage or alter the standard of care.

In closing, I would like to acknowledge the bipartisan spirit that guides the work of these committees. It is inspiring to see members from both sides of the aisle come together to address the unique needs and challenges that face our nation's veterans. No matter where we sit at the table, we share a sacred obligation to ensure that our veterans and their families get the support and care they have earned, and the success they deserve. We at Wounded Warrior Project are committed to that mission, and we are constantly striving to be as effective and efficient as possible. We look forward to working with you and your fellow lawmakers in the weeks, months, and years ahead.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have.