Chairwoman Buerkle, Ranking Member Michaud and members of the Subcommittee:

In presenting our policy agenda in March at a joint hearing before the full House and Senate Veterans Affairs Committee, Wounded Warrior Project recommended that the committees review the operation and effectiveness of the many programs Congress created to improve warriors’ transition from military service to civilian status. The Federal Recovery Coordination Program may be among the most important of those initiatives to our warriors and their families.

The program has its roots in the President’s Commission on the Care of America’s Returning Wounded Warriors (the Dole-Shalala Commission), which found that the system of care, services, and benefits created to assist those who had been injured was too complex to navigate alone. The Commission recommended the creation of “recovery coordinators” or, in the words of the father of a severely wounded Marine, “a case manager to manage my case managers.” Ultimately, the National Defense Authorization Act of 2008 (NDAA 2008) directed the Departments of Defense (DoD) and Veterans Affairs (VA) to develop and implement a comprehensive policy to improve care, management and transition of recovering servicemembers and their families, to include the development of comprehensive recovery plans, and the assignment of a recovery care coordinator for each recovering servicemember.¹ Working jointly, DoD and VA entered into a memorandum of understanding establishing a joint VA-DoD Federal Recovery Coordination Program to assist those with category 3 injuries – those with a severe or catastrophic injury or illness who are highly unlikely to return to active duty and will most likely be medically separated. (A separate DoD Recovery Coordinator Program was designed for those with category 2 injuries who might or might not return to duty.)

¹ Public Law 110-181, sec. 1611.
In WWP’s view, the Federal Recovery Coordination Program is a too-rare instance of a holistic, integrated effort to help injured veterans thrive again. The unique contributions – both medical and non-medical -- that federal recovery coordinators are making in facilitating wounded warriors’ care-coordination and reintegration underscores the importance of ensuring that this program reaches all who need that help, and that it operate as effectively as possible. But while Federal Recovery Coordinators provide extraordinary assistance to warriors and their families, overarching systemic problems must be addressed to ensure that the program fully meets its objectives.

**GAO Identifies Systemic Problems**

The General Accountability Office’s recent report on the program identifies important issues and proposes constructive recommendations for VA action. But most importantly, in our view, GAO advises that “[s]ome of the daunting challenges facing FRCs and the program are beyond the capability of the program’s leadership to resolve.” The issues that GAO identifies may appear daunting, but to fail to resolve them is to compromise this critical program’s effectiveness and to fail our warriors. We welcome this hearing as an important step toward that needed resolution.

In essence, GAO highlights critical problems that VA alone cannot rectify, including –

- The lack of a DoD data system that readily and systematically identifies those servicemembers who are severely wounded, ill, or injured, and whose medical conditions are highly likely to prevent their return to duty and also likely to result in medical separation from the military, namely those who may be considered for enrollment into the program;

- Overlap between DoD and VA case-management and care-coordination programs that compromises effective coordination – the core mission of the FRC program – resulting in duplication of effort, waste, confusion for enrollees and families, and failures to take needed action based on a mistaken belief that another was assisting the servicemember;

- DoD and VA data-system incompatibility that impedes sharing basic information; and

- Inconsistency in DoD facilities providing FRCs needed work space, equipment and technology support, despite memoranda of agreement calling for such support.

We commend GAO for identifying these problems, but are disappointed that its report did not go further and offer recommendations for a more substantial DoD role in addressing them. GAO did recognize that the FRC program was jointly developed by DoD and VA. But since the program is staffed by VA, operated by VA, and headquartered in VA, it is too often seen as simply a VA program, rather than a joint DoD-VA undertaking. This must change for the benefit of those the program is intended to serve.
An Inter-Departmental Solution

The two departments each share a deep obligation to severely wounded warriors and their families, but the reality is that they do not now share full responsibility for the FRC program. With its critical role in ensuring that severely wounded warriors experience a seamless transition, the FRC program suffers from such troubling interdepartmental gaps that an interdepartmental solution should at least be on the table for discussion. We would go further. WWP recommends a structural change in the program’s governance – specifically, we propose establishment of an interdepartmental FRC program office. We offer this recommendation not because we are critical of VA, but in recognition of the inherent limitations of the current structure and the overarching obligation owed these warriors and their families. The concept of a DoD-VA program office is neither novel nor unprecedented. While different structural solutions could be pursued, we foresee continued difficulties for the program, and most importantly our warriors, unless fundamental changes are brought about that establish truly shared responsibility.

Referrals for an FRC Assignment: A Broken Process

One of the many issues that GAO identified particularly underscores how important it is that the FRC program become a truly joint enterprise. GAO aptly recognizes the importance of identifying all who could benefit from having an FRC. But the report confirms that individual service departments are not uniformly referring severely and catastrophically wounded warriors to the FRC program for assignment, or are doing so at much too late a point in the transition process. To illustrate, one of the service departments routinely assigns even the most severely wounded warriors a Recovery Care Coordinator (RCC), but makes no FRC referral. Another service department does not necessarily even assign wounded warriors an RCC let alone an FRC, apparently deeming that the support provided at warrior transition units meets care-coordination needs. It is difficult to reconcile service-department practices that defer referral of a severely wounded warrior until that individual has retired with a longstanding DoD policy or with the DoD-VA understanding under which the FRC program was established. The DoD policy makes it clear that “all category 3 service members shall be enrolled in the FRCP [Federal Recovery Coordination Program] and shall be assigned an FRC [Federal Recovery Coordinator] and an RT [recovery team].” The policy instructs further that the Federal Recovery Coordinator is to coordinate with the recovery care coordinator and recovery team to ensure the needs of the service member and his or her family are identified and addressed.

While we are not proponents of blind adherence to policy for its own sake, the care-coordination policy developed jointly by VA and DoD to implement the care-coordination provisions of the National Defense Authorization Act of 2008 is sound. That policy furthers the fundamental goal of ensuring that wounded warriors have a seamless transition from DoD to VA that best meets their needs, rather than furthering the interests of one department or another. Appropriately

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2 Section 1635 of NDAA 2008 mandated establishment of a DoD/VA Interagency Program Office (IPO) to act as a single point of accountability for the department’s development of electronic record systems.
3 Department of Defense Instruction (DODI) Number 1300.24, “Recovery Coordination Program (RCP),” Enclosure 4, sec. 2.d. (December 1, 2009).
implemented, the policy also helps minimize confusion on the part of wounded warriors regarding the roles of those working on their behalf. Rather than advancing seamless transition, individual Service department practices that defer referral for a possible FRC assignment until a severely wounded warrior has retired tend to frustrate realization of the goals the program was developed to achieve.

One might ask, what difference does it make whether a wounded warrior has a “Recovery Care Coordinator,” a “Federal Care Coordinator,” or some other assistance? In fact, the differences are real and substantial.

The VA-DoD policy recognizes the importance of providing a federal care coordinator for a warrior who has a severe or catastrophic injury or illness, is highly unlikely to return to duty, and is most likely to be medically separated. Given the complexity of care and transitional needs of those with severe or catastrophic wounds, warriors and their families may be eligible for and need assistance not only from military treatment facilities and the TRICARE program, but from the Veterans Health Administration, the Veterans Benefits Administration, the Social Security Administration, and Medicare. (As the GAO report recognizes, “FRCs are intended to be care coordinators whose planning, coordination, monitoring and problem-resolution activities encompass both health services and benefits provided through DoD, VA, other federal agencies, states, and the private sector.”) It is critical that a Federal coordinator have the depth of experience, training, and authority to navigate these multiple care/benefits systems. In contrast to those demanding requirements for an FRC, neither warrior transition unit staff nor recovery care coordinators (RCCs) – who are to assist servicemembers whose injuries are not deemed likely to result in a need for medical separation4 -- have the training, let alone the authority, to help coordinate care and other needs outside the military system.

Resolving this referral problem is gravely important: failing to make a referral for an FRC until severely wounded servicemembers retire can mean delay in their recovery, rehabilitation and re-integration. These are the very kinds of problems that sparked the call for a seamless transition, and it is alarming that they should remain unresolved.

Practices that defer referrals for an FRC until the servicemember retires seem to reflect a fundamental lack of understanding of the purpose of the FRC program. At a recent DoD-sponsored summit on care coordination, Service program personnel repeatedly referred to FRC services as “bringing in the VA.” Rather than being seen -- and marginalized -- as a “VA program,” the FRC program should be operated as a joint, integrated effort aimed at coordinating Federal care and services. What should be a seamless, coordinated undertaking is too often the opposite, as illustrated by the fact that rather than having a single recovery plan, warriors may find themselves with multiple “comprehensive recovery care plans.”

Given the very substantial inter-departmental problems GAO identified, it is striking that its recommendations were directed only to VA. As such, the report tends to reinforce the unfortunate impression that the Department of Defense has no responsibility for this program. Indeed, DoD’s March 4th response to the report (appendix II) – coming after nearly a decade of

4 DoDI 1300.24, Enclosure 4, sec. 2.a.
war and years since Congress directed the Departments to ensure seamless recovery-care coordination – does not seem to reflect any sense of urgency or commitment to action. Rather, in a one-sentence comment, the DoD response states that “a Joint DoD/VA Committee has been formed to study how to combine or integrate recovery care coordination efforts for wounded, ill, and injured Service members, Veterans, and their families.” (Emphasis added.) We urge the Subcommittee to consider GAO’s work a starting point, but not necessarily the final word on these issues.

Finally, WWP has also heard concerns from a number of wounded warriors and their caregivers regarding lack of communication between FRCs and their clients. While some are frustrated at not having heard from an FRC, or don’t think to initiate a call, FRCs are often working on their behalf behind the scenes. WWP recommends that the program establish clear expectations regarding the frequency and means of communication to ensure that there is common understanding.

In closing, we urge the Committee to work with the Armed Services Committee to ensure that the departments move beyond “study,” and jointly take on and resolve the problems that impede full realization of this program’s vital mission. Given the importance of this program to severely wounded warriors, it is critical that both departments fully support it. We believe shared governance would best achieve that objective, and legislation may well be necessary to accomplish that.

Wounded Warrior Project would be pleased to work further with the Subcommittee to realize in full the goals of this important program.

Wounded Warrior Project has not received any Federal grant or contract relative to the subject matter of this testimony in the current or past two fiscal years.