



National Veterans Affairs and Rehabilitation Commission

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**STATEMENT OF  
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VETERANS AFFAIRS AND REHABILITATION COMMISSION  
THE AMERICAN LEGION  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON HEALTH  
UNITED STATES HOUSE OF REPRESENTATIVES  
ON  
"HEALING THE PHYSICAL INJURIES OF WAR"**

**JULY 22, 2010**

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to present The American Legion's views on the Department of Veterans Affairs (VA) efforts in caring for the severely injured service members from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

The current Global War on Terror (GWOT) has introduced more sophisticated forms of weaponry than in previous conflicts. As a result, our service members are sustaining severe and unique wounds. The Department of Defense (DoD), reports that as of April 3, 2010, a total of 8,810 service members have been wounded in action during OIF and 2,038 have been wounded in action during OEF. Service members are surviving their wounds in considerably higher numbers because of advancements in body armor, helmets, and improved battlefield medical care. Currently the survival rate for wounded service members is about 90 percent due to these improvements in equipment and the timely and effective application of emergency medical treatment. The improvised explosive device (IED) is the weapon of choice for our enemy, and is insidious in its utilization and often even more devastating in its long-term effects than gunshots

due to the multiple and terrible wounds and burns it produces. These devices have resulted in amputations, Traumatic Brain Injuries (TBI), spinal cord injuries, and blindness.

### **Amputation: Prosthetics and Sensory Aids**

The United States military operations in Iraq and Afghanistan have produced a significant number of service men and women with amputations. According to the DoD as of April 3, 2010, there has been a total of 1552 service members that suffered amputations. This unique population of younger service members requires extraordinary medical care and rehabilitation. Walter Reed Army Medical Center (WRAMC), among many DOD facilities dedicated to assisting wounded warriors, has highly advanced programs to care for warriors with amputations. In addition, there is an array of specialty physicians, rehabilitation, psychological support groups, recreation sports group, and vocational counselors. Once these service members transition from the military to the civilian world, their care is essentially in the hands of the Veterans Health Administration (VHA). In response to the large number of veterans with prosthetics and rehabilitative needs, VA established Polytrauma Rehabilitation Centers (PRC). The VA Polytrauma Rehabilitation Centers provide treatment through multi-disciplinary medical teams including Cardiologists, Internal Medicine, Physical Therapist, social work and Transition Patient Case managers and much more specialty medical service areas, to help treat the multiple injuries. Currently, VA maintains four VA Polytrauma Rehabilitation Centers in Richmond, VA; Minneapolis, MN; Palo Alto, CA and Tampa, FL.

However, the American Legion is concerned about VA's ability to consistently meet the long term needs of these young veterans. As stated by the *Military Medicine* Journal, rehabilitation is a crucial step in optimizing long-term function and quality of life after amputation. Although returning veterans with combat-related amputations may be getting the best in rehabilitative care and technology available, their expected long term health outcomes are considerably less clear. It is imperative that both DoD and VA clinicians seriously consider the issues associated with combat-related amputees and try to alleviate any foreseeable problems that these OIF/OEF amputees may face in the future. The *Military Medicine* Journal further cautioned that research findings indicate that traumatic lower-limb amputees, particularly bilateral transfemoral amputees, are vulnerable to a number of health risks including Cardio Vascular Disease (CVD) and Ischemic Heart Disease (IHD). Considering these facts, The American Legion recommends that VA conducts further research on this matter to stay ahead of the curve and counter any long-term issues these veterans may encounter as they get older.

The VA has made great strides in addressing the increased influx of young veterans with amputations. However, it has been reported that VA does not have the state-of-the art prostheses available in comparison to the Department of Defense. That is why it is of utmost importance that VA receives the adequate funding to ensure that all VA medical centers are fully equipped to address these veterans' prosthetic needs. This is especially vital for the veterans that reside in rural and highly rural areas. It would be a grave disservice to these veterans if they have to bear the burden of travelling hundreds of miles in order to receive health care in addition to enduring their debilitating condition. The American Legion applauds VA on the establishment of the Prosthetics Women's Workgroup to enhance the care of female veterans in regard to their prosthetics requirements. Despite this implementation, there are still cases where the fitting of

the prostheses for women veterans has presented problems due to their smaller physique. The American Legion urges VA to increase their focus on amputation and prosthetics research programs in order to enhance and create innovative means to address this population of veterans' health care needs.

### **Polytrauma Centers**

The VA has designated five VA Medical Centers as Polytrauma Rehabilitation Centers (PRC). These centers provide specialized care for returning service members and veterans who suffer from multiple and severe injuries. They also provide specialized rehabilitation to help injured service members or veterans optimize their level of independence and functionality. In addition to the four centers mentioned above, there is a fifth center currently under construction in San Antonio, TX. In addition to the five designated sites, VA has established 18 Polytrauma Network Sites (PNS); one in each Veterans Integrated Service Network (VISNs); and approximately 81 Polytrauma Support Clinic Teams to augment the care of those with severe/multiple injuries.

The Veterans Health Administration defines polytrauma as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities.

During our "System Worth Saving" site visits to the Polytrauma centers some facilities reported that there were staffing shortages in certain specialty areas such as: physical medicine and rehabilitation, speech and language pathology, physical therapy, and certified rehabilitation nursing. This was attributed to the competitive salaries being offered for these positions in the private sector. Considering the complex nature of these severely wounded veterans The American Legion finds this unacceptable. The Department of Veterans Affairs needs to step up their recruiting efforts in these areas so that in the future these veterans are not faced with the dilemma of going outside of the VA for care.

### **Blind Rehabilitation**

There are currently 49,460 blind veterans enrolled in the VA healthcare system and that number is expected to increase because of the number of eye injuries in Iraq and Afghanistan. The Department of Defense reports that in the current conflict, eye injuries account for 13 percent of all injuries. The *American Academy of Ophthalmology* reports that eye injuries are a very common form of morbidity in a combat environment. Although effective counter measures have been developed to protect some parts of the human body against the effects of IEDs, such as body armor to protect the chest and abdomen, and helmets which protect the brain, there are no proven counter measures effective for protection of the eyes which will not impair visual requirements. Consequently, many warriors who survive blasts now face a future with terrible burns, amputations, and blindness.

The Department of Defense does not provide rehabilitation for blindness. Unlike other injuries where after rehabilitation warriors may be retained and continue service, blinded warriors are medically discharged and are relegated to utilizing the VA for their rehabilitative needs. Currently VA employs about 155 Visual Impairment Service Team (VIST) Coordinators and 73

Blind Rehabilitation Outpatient Specialists (BROS). Given the prediction that the number of blinded veterans is expected to increase over the next several years, The American Legion urges VA to recruit more specialists to fill this gap. In addition, VA has a long history of providing inpatient and outpatient care for blind veterans. However, this has been for the older veteran population with visual impairment or blindness due to their age. Mr. Chairman, The American Legion would like to encourage VA to continue to modernize their overall rehabilitation programs and approach in order to help these newly blinded and younger veterans meet and overcome the challenges of visual impairment.

Section 1623 of the National Defense Authorization Act of 2008 requires DOD to establish a Center of Excellence (COE) in the prevention, diagnosis, treatment, and rehabilitation of eye injuries and for DoD to collaborate with VA on all matters pertaining to the center. In addition, Section 1623 directs DoD and VA to implement a joint program on traumatic brain injury post traumatic visual syndrome, including vision screening, diagnosis, rehabilitative management, and vision research. Unfortunately, the center has yet to be fully established because of constant funding delays and bureaucratic hurdles. The American Legion calls for immediate action from the Secretary of Defense and the Secretary of VA to rectify this important issue.

### **Spinal Cord Injury Centers**

As with most serious injuries, spinal cord injury is a life-altering and chronic condition that can affect an individual's independence, sense of self worth, and create additional health problems. The Veterans Health Administration reported that since Fiscal Year 2003, they have treated a total of 503 active duty service members at their Spinal Cord Injury (SCI) Centers and of that number 162 sustained their injury in combat. The Veterans Health Administration is the largest health care system to care for spinal cord injuries. VA has a total of 24 SCI centers throughout the country and they serve about 14,000 veterans annually. The *Journal of Women's Health* reports that spinal cord injury patients are at a greater risk of having chronic conditions, especially as they get older. It is important that VA receives sufficient funding to ensure adequate staffing at these facilities to provide the necessary long-term care to these veterans.

Mr. Chairman and Members of the Subcommittee, The American Legion sincerely appreciates the opportunity to submit testimony and looks forward to working with you and your colleagues on these important issues.

That concludes my written statement and I would welcome any questions you may have.