

Association of the United States Navy  
Written Testimony in Support of 2017 Legislative Agenda

Submitted to the United States  
Senate Veterans Affairs Committee and  
House Veterans Affairs Committee



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## **Introduction**

Distinguished Committee Chairmen Senator Johnny Isakson and Congressman Phil Roe, and Ranking Members Senator John Tester and Congressman Tim Walz and other members of the Committees, thank you for the opportunity to present the 2017 Legislative Agenda for the Association of the United States Navy.

### **About Association of the United States Navy**

The Association of the United States Navy (AUSN) is a IRC 501[c][19] organization based in Alexandria, Virginia that works for the benefit of the U.S. Navy Sailors and Veterans. Through legislation and education, AUSN works to advance benefits for those who are serving or have served in the US Navy. AUSN provides support for various legislation on the State and Federal levels and engages in targeted issues to support our men and women of the U.S. Navy as they pertain to the office of the Chief of Naval Operations.

### **Opening:**

On behalf of the worldwide service members, Veterans and civilians of the Association of the United States Navy, I would like to thank the stewardship and oversight your committees have provided for Veterans affairs.

AUSN views the current state of Veterans affairs in our country in a larger, holistic view, woven tightly into the fabric of our nation's history. In the wake of every major conflict our nation experiences, there has been a time when the balance of care for our Veterans has required new, innovative and compassionate ideas to meet the needs of those suffering. The cost of that evolution, however, is a turbulence that is causing illness and deaths at an alarming rate.

AUSN vows to stand with all who are involved with solving these modern-day challenges to our Veterans' healthcare by every means possible. We will vigorously encourage the new Secretary of Veterans Affairs to have the leeway to align his department to help Sailors by harnessing the power of partnerships, the power of innovation and the awesome power of the memory of all those who have worn the uniforms of our nation's Armed Forces.

AUSN believes that to best care for those who have borne the scars of our nation's battles, the medical care priorities of our Veterans must be aligned as follows: 1) continuity of care between the Departments of Defense (DoD) and Veterans Affairs (VA), 2) consistent quality of care, and 3) sustained certainty in funding in order to provide timely, high-quality health care for our Veterans.

Currently there are two distinctly different medical systems dedicated to dealing with our service members and Veterans -- the Department of Defense (DoD) and the Department of Veterans Affairs (VA). While each medical system services a different population - either those who currently wear, or who have previously worn the uniform of our nation's Armed Forces, the problem lies in the fact that each system is structured to treat its patients in different ways. The DoD medical system treats active duty service members generally healthy men and women, answering the call of duty to our nation. The VA medical system is dedicated to a wide range of

Veterans, varying in age and with complex medical issues that may not have begun to impact them until long after they left the service.

AUSN recommends that DoD and VA medical systems should not be concerned with whether the patient is a Sailor on the flight deck of an aircraft carrier, deployed on a ship or submarine, or a Veteran trying to receive assistance for a disability that he or she suffered decades ago while on active duty. Our men and women should be receiving the same treatment and the same quality care from the day they enter the military and swear their oath to support and defend the Constitution of the United States of America, until the day they die. We should also provide them with an honorable burial at Arlington National Cemetery or another national cemetery, should they choose.

### **Continuity of care:**

Our nation has a long history of caring for our servicemen and women when they go into harm's way, and to continue medical treatment, if required, due to a service-related condition. For many years, organizations have called for an overhaul of the VA system due to lack of continuity of care. AUSN recommends that a solution for the continuity of care challenge in the VA medical system may be to incorporate the successful medical care aspects of the DoD medical system that our Sailors are using on a daily basis. As a current example, when a Seaman Recruit transfers from an A-school in Gulfport, Mississippi, to their first Seabee Battalion in Norfolk, Virginia, the vital service document that travels with the service member is a copy of their medical records. No matter if a Sailor completes four or 40 years of service in the Navy, the service member can always count on their medical needs being met by the DoD medical system.

Another medical care example facing our men and women on duty today, is the increased service-related injuries requiring post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) treatment. While both the DoD and VA medical systems treat PTSD and TBI, they have their own distinct medical care processes. A Sailor injured in Iraq, Afghanistan, or Yemen may be medically evacuated back to the U.S. to be treated at Walter Reed Medical Center. That Sailor may receive care and treatment not currently available for Sailors being treated at VA facilities with the same injuries.

Continuity and consistency are the keys to ensuring that our Veterans are provided the same care that they received while on active duty. If a service member is being provided specific health care treatment while on active duty, and is then transferred to receive health care at a VA facility, the current dual system may not recognize the medicine or health care treatment they have been receiving. Some Veterans have been required to re-start VA treatment, from the beginning, leading to significant medical condition regression- compared to the progress that had been made while they received DoD medical care on active duty. Additionally, when a service member or Veteran is transitioning from one facility to another, the only thing that should change is their doctor, not the treatment, or quality of care received.

A successful way to ensure continuity of care is expediting the full digitization of medical records. Almost every county in the country is digitizing their patients' medical records, and members who have served since the late 90's have digitized records. It is intuitively obvious to

medical service providers that expedited continuity of care can be achieved through digitized medical records. VA and DoD systems should have one common digitized medical records program. AUSN suggests that in-order-to improve alignment and expedite continuity of care and fluidity between the DoD and VA medical systems, digitizing VA medical records should be a top priority.

### **Quality of care:**

Our nation's quality of medical care for our Veterans runs the complete range or gamut of care. Some private institutions or organizations provide high-end medical care for their patients, sometimes at a significant cost. Several recommendations have circulated with respect to privatizing the VA Department in order to provide Veterans the choice to seek and keep their own doctor.

In some current DoD medical systems, with no military treatment facilities nearby, it is a common practice to provide service members the ability to choose their own doctor. It is then the responsibility of the service member to ensure that medical documents are provided to their command so they can be filed in the military medical record.

Veterans should not only have the right to choose, but also should receive the best treatment and quality of care in the facility where medicine excels- be it a DoD or VA facility- if it is the best fit for the Veteran.

AUSN recommends that by aligning and combining programs, the U.S. government could save money and provide additional benefits for our service members and Veterans. Uniting the best of these two medical systems into a cohesive unit, would allow for quality and continuity of care amongst our service members when they transition from DoD medicine to VA medicine.

It is important that the VA focus on what it does best - caring for service-related injuries. The VA should align its policies and work closer with DoD medicine, along with medical research institutes, to strive to provide the most modern, transparent, and best possible care for our Veterans. A specific example highlighting incongruent policies of VA and DoD medicine is when DoD medical facilities previously prescribed Mefloquine for deploying Sailors. Since the FDA placed a black box warning label for the drug stating that it causes long-term neurological side effects, the VA has continuously denied Mefloquine's side effects, resulting in the denial of benefits for hundreds of Veterans.

The VA should also strive to become a better resource for Veterans. In too many circumstances, Veterans spend weeks and months seeking information and researching their own service-related medical issues. The VA could be providing better access to resources for our Veterans. The VA should align the Department's communication processes to make available to Veterans their research resources to provide up-to-date information with respect to current medical treatment.

AUSN knows of a Sailor who was a patient at the Buffalo Veterans Medical Center. When his wife received active duty orders to D.C., the Sailor attempted to schedule his first appointment with the VA in the D.C. area. He attempted to schedule an appointment 90 days

before they moved in order to avoid any lapses in care for PTSD. The VA would not allow him to schedule an appointment before moving to D.C. Once he provided proof of residence in the D.C. area, he then had to provide copies of his medical records and proof of disability, in order to be re-registered in the system. After re-registering at the VA, he then was put on a waiting list to schedule primary care appointments in-order-to obtain a referral to be seen, even though the VA had already been treating him for specific health disabilities at another VA facility. The medical treatment completely started over and his mental health declined rapidly because of this unnecessary repeat of processes. Transferring from one VA facility to another is not a seamless or easy process, often resulting in backtracking of care. This transfer should be as simple as it is to transfer in the military.

Another aspect when discussing quality of care is the numerous examples of hospital corpsmen spending sometimes three to twenty years or more working in military hospitals. During their service at DD hospitals, the corpsmen learn the component systems for scheduling, how to process records, input data, and compile medical records for their shipmates. Because of the current incongruent medical systems, a transitioning hospital corpsman would not have the option to work immediately at a VA facility. If the medical components and processing systems were similar, the medical corpsman's skills and talents could be more rapidly utilized by the VA, providing for potentially immediate improvements in the quality of care.

### **Proper Funding:**

AUSN believes that the third vertical in improving Veteran care is providing consistent, sustained funding. While AUSN commends the Veterans Access, Choice and Accountability Act of 2014 (Choice Act), the act was a short-term proposal attempting to fix long-term challenges. The \$10 billion Choice Act program was just another example of the VA trying to piece together options to treat Veterans, in order to market or provide press releases that the VA wants to help Veterans.

The biggest issue facing the implementation of a modernized VA medical care program is figuring out the best way to pay for it. One way is through community partnerships with other healthcare providers. There is also the option of selling Choice insurance to our Veterans. Veterans often find themselves using the VA for everything, because to them, they feel connected to the people they encounter while at the VA. One possibility for ensuring that Veterans are using the VA for only service-related injuries is to provide insurance, similar to that of a Tricare system, for Veterans who did not retire from service, and were honorably or medically discharged. Providing Veterans this option for insurance would allow the VA to use the revenue to fund other medical care benefits that are urgently needed for our Veterans. When Veterans require medical care from a doctor, because of PTSD, TBI, or from an injury they received while on active duty, the VA may be the best facility to care for them. If these Veterans have a medical condition outside of military-related injuries, they should be able to go to any healthcare center provided through Tricare.

In the Navy, we have seen many changes in military medicine since the days of sailing the USS Constitution, steaming the Great White Fleet, to the next giant leaps in technology with the newest class of stealth destroyer, the USS Zumwalt, and the newest class of aircraft carriers, the USS Gerald R Ford.

DoD medicine has been constant, consistent, and adaptive when it comes to caring for our Sailors and AUSN suggests there should be no difference when it comes to the continuity and quality of care of our Veterans.

It is unrealistic and unfair to expect America's Veterans, who put their lives on the line for the United States, to be required to pay for injuries that occurred during their time in service.

The funding for the DoD and Veterans Affairs Departments for Veteran medical care must be sustained and consistent. At the time of a service-related injury or an exposure to toxins, a Veteran may be unaware of current or long-term medical dangers. The Congress and our nation should hold the bottom line that Veterans should NOT be denied medical care for deserved and required treatment of service related injuries or exposure to toxins.

### **Closing:**

In closing, the Department of Veterans Affairs was originally established to fulfill President Lincoln's promise to "care for those who shall have borne the battle, and for the widow, and the orphan, by serving and honoring the men and women who are America's Veterans".

The Association of the United States Navy is dedicated to assisting Veterans, and the Departments of Veterans Affairs and Defense in-order-to truly care for our Veterans.

We must work together across departments, agencies, and systems to ensure that the proper outcome for the care of the Veterans and the brave men and women who currently call themselves Sailors, Soldiers, Marines, Airmen, and Coast Guardsmen, but, also, looking into the future, for those who have yet to wear the cloth of our nation.

The AUSN takeaway message is that our nation must be in alignment in support of the promise of continuity and quality of care, and the required funding for the care of Veterans from the day that our service members join the military until the honorable day that we lay our Veterans to rest.

Thank you for your continued bipartisan, bicameral support of our Veterans, and I standby for any questions the Committees may have in-order-to provide further clarification.