



Prepared Statement of

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Testimony submitted to the Subcommittee on National Security  
and Foreign Affairs of The House Committee on Oversight and

Government Reform

Hearing on

“Is This Any Way to Treat Our Troops? The Care and Condition of  
Wounded Soldiers at Walter Reed”

March 5, 2007

*Submitted for record*

Brady Van Engelen is the Associate Director at Veterans for America. Van Engelen was deployed to Iraq in September of 2003. In April of 2004 Brady sustained a severe gunshot wound to the head while in combat .He was medically evacuated from theater and sent to Walter Reed Army Medical Center for further medical attention, where he was eventually discharged from the military in January of 2005.

Chairman Tierney, Representative Shays, Members of the Subcommittee:

Thank you for the opportunity to submit testimony for this hearing.

I am Lieutenant Brady Van Engelen, and I serve as Associate Director of Veterans for America. VFA unites a new generation of veterans with those from past wars to address the causes, conduct and consequences of war.

On April 6<sup>th</sup> of 2004 I sustained a gunshot wound to the head in Baghdad, while positioned at an observation post. First aid was immediately administered, and I was fortunate to have survived long enough to make it to the 28<sup>th</sup> Combat Support Hospital (CSH). The primary repairs and closures for my head were conducted while in theater at the 28<sup>th</sup> CSH. From there, I was medically evacuated to a military hospital in Landstuhl, Germany, where I was staged for recovery until I had regained enough strength to travel back to Walter Reed Army Medical Center to complete the recovery process.

I arrived at Walter Reed Army Medical Center on April 14, 2004, where I was immediately asked if I wanted to be treated as an inpatient or outpatient. Wanting to spend time with family and loved ones, I chose to be outpatient, at which point I was given the building number of the Mologne House and told to check in there. With no clue as to where the building was, I hopped onto a facility shuttle and asked if I could get a ride to the Mologne House to check in.

The first two weeks of appointments I was fortunate enough to have my family and loved ones at my side to assist me through the bureaucratic maze that is outpatient care at Walter Reed. In one month's time, my rehabilitative care was completed, and I was told the Physical Evaluation Board (PEB) process would begin shortly thereafter.

That was May 30, 2004.

I didn't hear back about my case until December of 2004.

Other than the research that I conducted on my own time, I was completely unaware of what my possibilities were and what to do next. Throughout the entire process I was the one who always initiated contact with the case managers and the hospital. If it weren't for my persistence, I could have gone unnoticed for months. There were just too many patients, and not enough case managers to oversee the process.

The systemic problems that have highlighted Walter Reed in recent weeks have unfortunately trickled over to the Department of Veterans Affairs (VA). The VA is overwhelmed by the number of claims filed and patients needing attendance. We didn't prepare for this, and it's painfully evident. My generation is going to have to pay for this, and we will be paying for years and years.

While at Walter Reed as an outpatient there was no outreach on behalf of the VA to inform me of benefits for myself and for my family. When troops were returning from

WWII, there were VA claims specialists on the boats with the service men informing them of benefits that they were eligible for, we have lost that aggressive approach with today's service members and veterans. Today, we are being asked to navigate the bureaucratic maze of DoD and VA on our own. I can assure you that this is no small feat. Shifting the burden from our government to those who serve has created a system where service members and veterans are unaware of the benefits and programs promised to them upon enlistment.

I understand that the VA has begun to more aggressively address the **inpatients** while they are recovering at medical facilities, but, as was the case at Walter Reed, only a small number of injured soldiers are benefiting. This is not acceptable.

Many wounded service members at other medical outpatient facilities throughout the country remain as uninformed as I was upon leaving the military. Service members from my generation are becoming increasingly disenfranchised with a system that our government promised would help us heal and rehabilitate.

Claims backlogs are currently at 180 days, a few years ago claims were half that. The families of service members are suffering from this lack of preparation by our VA. They cannot call the bank, say they are waiting for a response on a claim, and ask for payments to be delayed for another 180 days. The passive nature of the VA regarding health and claims dispensation will only tarnish their perception amongst the military and their families. We may end up with an entire generation of veterans who have no faith in our

VA because those running it – as well as those overseeing it – were unable to hold up their end of the bargain. This saddens me deeply.

### ***Beyond mice and mold***

The recent uproar over the treatment of returning service members at Walter Reed is not simply an issue of dilapidated physical facilities, mice and mold, or inadequacies with one hospital. The issue is much larger. Specifically, there is a systematic failure in both Department of Defense (DoD) and Department of Veterans' Affairs (VA) programs designed to address the medical and overall readjustment needs of war veterans. As one example, there appears to be no plan to gather robust consistent data and then closely monitor the 1.5 million deployed Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) service members as they return to duty or reintegrate into civilian society. As a result, we do not have an adequate understanding of the unique needs specific to our newest generation of veterans.

The controversy around Walter Reed reminds Veterans for America of the squalid conditions of the hospitals and the inadequacy of care for the returning service members more than 36 years ago. This topic was on the cover of the May 22, 1970 issue of Life magazine, which was the second-highest selling issue in the magazine's history.

Today, the same story is being repeated for a new generation of war veterans. The recent scandals were noticed by many when *The Washington Post* gave the issue national

attention, but the alarm bell first rang in a 2003 series by Mark Benjamin, then with United Press International. Steve Robinson, my VFA colleague, helped provide key information for this series.

With Benjamin's reporting, along with that of others, providing ample evidence of a broken, failing system, I am surprised that the nation has not expressed its outrage before now. That said, I am pleased that Congress has begun to execute its oversight authority on this critical issue.

On March 5, 2007, *The Washington Post* reporters who published the series on the Walter Reed situation stated that they were flooded with e-mails, calls, and faxes from service members and veterans recounting similar experiences in military and veterans' hospitals across the country. It was clear to these reporters that the system has failed.

Veterans for America has also been dealing with tremendous numbers of service members, veterans, and their families reaching out to our organization for help. Too often we have encountered unresponsive agencies. We have been painfully aware of the distress that exists amongst service members and the need to address it. The situation requires immediate remedies, and the effort required will need commitment and leadership from the upper echelons of our government – starting with you, our elected representatives.

The face of the American soldier has changed since Vietnam. The average age of the service members then was just over 19 years old. Today's military is much older. The average age of an active-duty soldier is twenty-seven years. The Reserve and Guard soldier is even older: averaging thirty-three years.

More than 155,000 women have served in Iraq and Afghanistan. Among their ranks are more than 16,000 single mothers. More than half of those deployed are married, and three out of every five deployed service members have family responsibilities (i.e., a spouse and/or children)

Recently the American Psychological Association released an excellent report stating that no serious study has yet been undertaken to define what these new factors mean in terms of the needs of returning service members and their families.

We are all too familiar with the failure to recognize the unique needs of each generation of veterans. For instance, it was not until a decade after the height of the Vietnam War that the Veterans Administration undertook the first study of Vietnam veterans. Years later the National Vietnam Veterans' Readjustment Study was commissioned. Post-traumatic stress disorder was not recognized as a mental health problem until 1980. We can only guess at the number of veterans whose lives were destroyed because no one understood their needs. In short, we failed an entire generation of veterans.

What's happening today is new chapter in an old book. We have yet to begin to recognize the true needs of the current generation and create programs and services appropriate to their war-related problems.

- What have multiple deployments meant?
- What are the implications of traumatic brain injury being the signature injury of this war?
- What are the effects of so many being constantly exposed to a high degree of violence?
- What does it mean to have the unprecedented survival rates of casualties?

These questions – and many more – need answering.

VFA is especially concerned that service members and veterans are not being provided the mental healthcare they need. There are a number of pressing issues:

- A dramatic rise in less than honorable discharges, and subsequent loss of VA healthcare and benefits,
- Overuse of “personality disorders” to discharge veterans (e.g., use of chapters 5-13, 5-17, 14-12),
- Rise in disciplinary problems related to alcohol and drug use, domestic violence, risk-taking behavior, motor vehicle violations, and other war-related reintegration issues,
- Inadequate staffing in mental health, Medical Evaluation Board-Physical Evaluation Board (MEB-PEB) case work, social work, family care and “seamless transition” programs into the VA network,

- Absence of consistently prompt mental health referrals as part of Post-Deployment Health Assessment process, and
- Absence of Alcohol and Substance Abuse Programs (ASAP) at all military bases.

To address these problems, VFA urges members of the House to co-sponsor H. R. 1354, the Lane Evans Veterans Health and Benefits Improvement Act of 2007 which:

- **Requires face-to-face medical exams.** DoD currently requires service members to answer a limited questionnaire to determine if they need to be referred for treatment. Soldiers are typically rushing to return home after a deployment and do not necessarily give these questions sufficient attention. DoD should, instead, conduct mandatory in-person physical and mental health exams with every service member 30 to 90 days after deployment.
- **Extends VA Mental Health Care.** Currently, the VA holds a two-year window to allow newly returning veterans to obtain free health care. Unfortunately, it can take many years for symptoms of PTSD and other mental health problems to manifest themselves. S. 117 provides a five-year window for veterans to receive a free assessment of mental health medical needs by the VA.
- **Defines the Global War On Terror (GWOT).** To accurately determine health care and benefit eligibility for returning service members, the GWOT needs to be explicitly defined in statute. Currently, the Secretary of Defense is not allowing

some soldiers serving in GWOT territories to receive combat-related medical benefits.

- **Establishes a GWOT registry to track health care data.** Collect aggregate data on GWOT service members and veterans to monitor their healthcare and benefit use. The data will help lead to better budget forecasting and avoid shortfalls. A similar effort was undertaken after the Gulf War.
- **Requires equal transition services for Guardsmen and Reservists.** A 2005 GAO report found that demobilization for guardsmen and reservists is accelerated and these units receive insufficient transition assistance.
- **Requires Secure Electronic Records.** DoD should provide a full, secure electronic copy of all medical records at the time of discharge.

### *Closing*

In closing, I'd sum up the military and VA health care systems as follows:

I entered the VA system on January 29, 2005.

That was 766 days before this hearing.

No one from the VA has contacted me yet to tell me how the system works.

I urge the members of this subcommittee to keep one question in mind as they consider how to repair this broken system:

*What is owed those who serve?*

While I do not claim to have all the answers to that question, I am confident that you will conclude that the answer is:

*More than service members and veterans are receiving now.*

Again, Veterans for America appreciates the opportunity to submit a statement for this hearing. We reaffirm our desire to work with Congress and the relevant agencies in trying to address these critical needs but, it is important that I reiterate that we will not stop failing our service members and veterans across-the-board until we take a step back, evaluate their unique needs. We must stop trying to squeeze our new military into a system designed for a previous generation.

Thank you.