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CRS Report for Congress

Military Support to the Severely Disabled: Overview of Service Programs

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Summary

Ongoing military operations in Iraq and Afghanistan have caused serious injuries to some military personnel. Many have been returned to medical facilities in the U.S., especially Walter Reed Army Medical Center, the National Naval Medical Center, and Brooke Army Medical Center. These severe and traumatic injuries — including amputations, burns, blindness, brain injury, and paralysis — often create significant hardships for the affected individuals that make independent living difficult or impossible. For example, an injured service member may need extensive physical therapy, transportation assistance, and job retraining in order to make the transition back to civilian life. In 2003 and 2004, some pointed out inadequacies in the military's ability to provide these services to its seriously injured personnel. Members of Congress have frequently expressed concern about the level of care for these wounded warriors and their family members. The Department of Defense (DOD) and each of the military services have established new programs to care for the severely disabled, ensuring rehabilitative assistance and easing the transition back to civilian life. Congress has followed these initiatives with interest and recently directed DOD to develop policies and procedures to standardize these programs.[1] This report examines the background for the new initiatives and provides a status of each program, including contact information. This report will be updated as these programs continue to evolve and mature.

Background

As of March 26, 2007, a total of 25,320 military personnel had been classified as Wounded in Action (WIA) in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).[2] Of these, 13,870 (54.8%) were treated locally and returned to their military duties within 72 hours. The remaining 11,450 (45.2%) required longer treatment in the area of conflict or were evacuated to regional military hospital facilities in Kuwait,

[1] Section 563, P.L. 109-163, January 6, 2006; 119 Stat.3136.

[2] DefenseLINK Casualty Report as of March 26, 2007 at [http://siadapp.dior.whs.mil/personnel/CASUALTY/castop.htm].

Spain, or Germany. If treatment, recovery and rehabilitation required more than 30 days, the wounded soldiers were further evacuated to the United States, initially to the Army's Walter Reed Medical Center, the National Naval Medical Center, or to Brooke Army Medical Center.

Medical Care for Injured Personnel

When operating in a combat environment and a service member is seriously injured or wounded, immediate life-saving care is provided by medically trained individuals assigned to the unit (not physicians) to stabilize and evacuate the casualty to a Forward Surgical Team (FST). These FSTs, each with four surgeons, have been deployed further forward than in past conflicts in order to directly support combat forces and to provide emergency surgical intervention and evacuation to a Combat Support Hospital (CSH). Two CSHs with four sites now exist in Iraq. These are 248-bed hospitals with six operating tables, some specialty surgery services, and radiology and laboratory facilities.[3] After three days at a CSH, patients may be evacuated to one of three regional military hospitals in Kuwait, Spain, or Germany. Those requiring more than 30 days of treatment will be initially evacuated to major medical centers in the United States.

Typically, seriously injured military personnel are evacuated to the Army's Walter Reed Medical Center in Washington, DC, the National Naval Medical Center in Bethesda, MD, or to Brooke Army Medical Center in San Antonio, TX, which specializes in burn treatment. These centers offer a full range of medical specialization, follow-on surgery, and rehabilitative support programs. Upon arrival in the United States, the recently established service programs to support the traumatically injured and severely disabled begin to assist.

Military Severely Injured (MSI) Center

The Department of Defense (DOD) established the Military Severely Injured (MSI) Center on February 1, 2005.[4] The center, located in Arlington, VA, operates under the direction of DOD's Office of Military Community and Family Policy and is intended to augment, not oversee, the service specific programs that are described below. Although the Center will attempt to provide some degree of assistance to any severely injured service member who contacts them, the primary focus is on those returning from OEF and OIF with brain injuries, paralysis, amputation, severe burns or blindness. The MSI Center is available 24 hours a day, 7 days a week for service members and their families. It provides a "safety net" for information referral and tracking, advocacy for financial problems, education and training, job placement, accommodations, and personal/family counseling. The Center is currently staffed with approximately 10 "care managers" who

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[3] Gawande, Atul, "Casualties of War-Military Care for the Wounded from Iraq and Afghanistan," *The New England Journal of Medicine*, December 9, 2004.

[4] These programs have not been mandated by Congress. However, there has been significant congressional interest in support for injured soldiers. H.R. 5057, introduced on September 9, 2004, by Rep. C.A. "Dutch" Ruppersberger, would have directed "the Secretary of Defense to carry out a program to provide a support system for members of the Armed Forces who incur severe disabilities." This legislation was referred to the House Armed Services Committee. See also S. 2956 and S. 3002, introduced by Sen. Christopher S. Bond.

are registered nurses, licensed clinical social workers, or other master's level health care specialists, all with experience in issues relating to disabled personnel. This core staff is augmented with representatives from the military services, Veterans Administration, Department of Labor and the Transportation Security Administration. An additional 19 "counselor-advocates" are available regionally at or near military medical treatment facilities and military installations to provide local support by helping connect families to resources in the hospital or the surrounding community. It is anticipated that final staffing will include 16 case managers and nearly 40 counselor-advocates with a ratio of one staff member per 30 disabled service members. The Center staff is currently working with nearly 1,200 service members and their families.

The MSI Center has established an Employment Career Center online at [http://www.military.com/support] to provide customized job counseling that will lead to education, training, or job placement for service members and their family members. The MSI Center has also hosted job fairs under the "Hire a Hero" program. Additionally, the Center has established a "Heroes to Hometowns" program to advise local communities on reintegrating disabled service members into their hometowns.

The Military Severely Injured Center can be contacted (24 hours a day/ 7 days a week) at 1-888-774-1361 and maintains a website at [http://www.militaryhomefront.dod.mil/troops/injuredsupport].

"U.S. Army Wounded Warrior (AW2)" Program

On April 30, 2004, the Army, at the direction of the Acting Secretary of the Army, introduced the Disabled Soldier Support System, colloquially called "DS3" and later renamed it the U.S. Army Wounded Warrior or AW2, to serve as a program advocate for severely disabled soldiers and their families. AW2 is available to all active and reserve component soldiers who have been classified as a Special Category[5] as a result of war-related injuries or illness incurred after September 10, 2001, and who have been awarded an Army disability rating of 30% or greater. The AW2 program office in Alexandria, VA, is staffed by specialists who each support up to 30 soldiers, advocating their interests within the Army and with local, state, and other federal agencies and organizations. These advocates include several regional AW2 coordinators having expert knowledge of benefits, potential problem areas (pay, promotion, family travel), the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes as well as of necessary contacts in the Department of Veterans Affairs, the Department of Labor and Veteran's Service Organizations. AW2 also provides transition assistance through the Army Career and Alumni Program, to include options for continuation on active duty. AW2 is designed to track, monitor, and support soldiers and their families for at least five years following medical retirement. There are currently 748 soldiers enrolled in this program.

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[5] A patient is Special Category when one of the following conditions exist: (a) Has a severe injury, such as loss of sight or limb, (b) Has a permanent and unsightly disfigurement of a portion of the body normally exposed to view, (c) Has an incurable and fatal disease and has limited life expectancy, (d) Has an established psychiatric condition, (e) May require extensive medical treatment and hospitalization, (f) Has been released from the Service for a psychiatric condition, (g) Is paralyzed, *Army Regulation 40-400*, 12 March 2001.

The AW2 office can be contacted at 1-800-833-6622 (8:00 a.m. to 4:30 p.m., Monday through Friday) or via e-mail at [ArmyDS3@hoffman.army.mil]. In addition, the Army has established a Wounded Soldier and Family Hotline at 1-800-984-8523 which is available from 7:00 a.m. to 7:00 p.m., Monday through Friday.

"Marine for Life-Injured Support (M4L-IS)" Program

The Marine for Life program began several years ago with an original focus on transition assistance for retiring and separating Marines. The additional requirement to support traumatically injured and disabled Marines was directed by the Commandant of the Marine Corps in late 2004. As a result, the M4L-IS program was established in early 2005 and located in Quantico, VA. It is currently staffed with mobilized Marine Corps Reserve personnel. As the program matures, staffing will include approximately 28 active duty Marines and several civilian employees. The program staff, similar to the other service programs, is responsible for coordinating and facilitating the full range of benefits, support, and transition assistance for Marines and their families. To date, the M4L-IS office has contacted over 1,000 previously separated or medically retired Marines and is providing ongoing support to over 300 of them. The M4L-IS staff also makes frequent visits to the Walter Reed Medical Center in Washington, DC, and the National Naval Medical Center in Bethesda, MD. These visits have extended support to over 600 wounded or injured Marines and follow-on support to over 200 is continuing. M4L-IS is augmented by a telephone hotline and regional outreach support that is provided by the Military Severely Injured (MSI) Center.

The Marine for Life-Injured Support office can be contacted at 1-866-645-8762 (8:00 a.m. to 4:30 p.m., Monday through Friday) and maintains a website at [https://www.m4l.usmc.mil].

Air Force "Palace HART" Program

The Air Force's Palace HART (Helping Airmen Recover Together) program is an extension of an existing program to include support and advocacy for those returning from OEF/OIF with traumatic injures or severe illnesses. The Air Force uses Family Liaison Officers (FLO), generally active duty airmen in medical treatment facilities or U.S.-based squadrons, for initial contact and support. These FLOs receive "just in time" training on processes, procedures, and support methodology. As the disabled airmen continue to progress medically, they are assigned to a Case Management Team that will guide them through the MEB/PEB process. If medically retired or separated, follow-on services will be provided by the Air Force Personnel Center at Randolf AFB, TX. The Center tracks the service members for a minimum of five years via twice monthly phone calls.

The Air Force program emphasizes retention on active duty. As of March 2005, 172 airmen had been wounded in action: 165 of them have been returned to active duty; two were placed on the temporary disability retired list (TDRL), and five were receiving ongoing medical care.[6]

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[6] Hanson, Marshall, "Services Reach Out to Returning Vets," *The Officer*, June 2005.

For program support, injured airmen or their families should call 1-800-616-3775 (8:00 a.m. to 4:30 p.m., Monday through Friday) or contact the Military Severely Injured Center at 1-888-774-1361 (24 hours a day/ 7 days a week). There is currently no website dedicated to this program.

Navy "Safe Harbor" Program

The Navy's SAFE HARBOR (Sailors And Families are Extended a Hand and Assisted in Recovery, Benefits, Opportunity and Readjustment) program was officially started in August 2005 at the Navy Annex, Washington, DC. The program provides one-on-one support and advocacy for disabled sailors, marines, and their family members. A database has been established of more than 160 personnel who have been medically separated or retired since the start of OIF/OEF. To date, nearly all have been contacted and offered assistance; additional support is ongoing for nearly 30 of these. The program is closely coordinated with the National Naval Medical Center in Bethesda, MD, and with the casualty assistance officers.

SAFE HARBOR can be contacted at (703) 614-3448 (8:00 a.m. to 4:30 p.m., Monday through Friday) or through the Military Severely Injured Center at 1-888-774-1361 (24 hours a day/7 days a week). There is currently no website dedicated to this program.

Considerations for Congress

DOD and individual military service support programs provide a focal point for disabled service members and their families to resolve pay and promotion problems; receive assistance through the medical evaluation and retirement process; and aid in the seamless transition to the Department of Veterans Affairs. The FY2006 National Defense Authorization Act further requires DOD to prescribe comprehensive policies and procedures for these programs that will be uniform across the services to the extent practicable. Although each program appears successful, there may be some aspects of these programs that could benefit from further refinement:

1. Guidance. These support programs appear to be a reflection of the genuine concern by civilian and military leaders who place high priority on caring for wounded military personnel. However, these programs were established independently, by different authorities, and at different times during 2004 and 2005. There is no DOD-coordinated directive or instruction that established complementary service roles, delineated responsibilities, set eligibility criteria, or mandated standardized metrics for program evaluation. This lack of coordinated guidance could result in inefficient or inequitable care among the various services.

2. Eligibility. DOD and each of the services established their own program eligibility criteria so there is little consistency across the programs. For example, DOD's MSI program will assist anyone who contacts them, while the Army is relatively rigid and requires participants to be classified as "Special Category" and hold a 30% Army disability rating to be eligible. A potential duplication of effort also exists because the DOD program will assist any service member, while the other programs are service-specific.

3. Metrics. Standardized program metrics to measure effectiveness have not been established across all programs, but there has been an effort to establish databases. This may make it difficult to identify strengths, weaknesses, and potential new directions as these programs mature and become permanent.

The FY2006 National Defense Authorization Act (NDAA) requires the Secretary of Defense, by June 1, 2006, to prescribe a comprehensive policy on the provision of assistance to members of the Armed Forces who incur severe wounds or injuries in the line of duty. To the extent practicable, these procedures and standards should be uniform across the services and integrated into service regulations by September 1, 2006.[7] While not required by the NDAA, DOD might report to Congress on its efforts to implement this legislation. (At the time this report was updated, DOD had not finalized the submitted the required comprehensive policy.)

[7] P.L. 109-163, January 6, 2006, 119 Stat. 3136.