

**Statement of
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Department of Veterans Affairs
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House Committee on Veterans' Affairs**

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Mr. Chairman and members of the committee: I am privileged to appear before you today to discuss my role as a Department of Veterans Affairs (VA)/Department of Defense (DoD) Liaison for Health Care stationed at Walter Reed Army Medical Center (WRAMC) in Washington, DC. I am honored to serve the injured soldiers, sailors, airmen, and marines who are returning from theaters of combat and who may benefit from VA services

VA's Seamless Transition Program strives to ensure the continuity of health care and benefits for eligible veterans and their families, especially those who have been seriously injured or very seriously injured during Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). We work in conjunction with the Military Treatment Facilities (MTF) across the country to identify active duty service members who will soon transition to veteran status and who may be eligible for VA benefits.

My role as one of two VA/DoD Liaisons at WRAMC involves partnering with MTF staff, active duty service members, veterans, family members and VA medical center staff (VAMC) across the country to ensure a seamless transition of care and services. My educational and professional background in the field of social work assists me in developing close working relationships with the social work staff and other interdisciplinary team members at WRAMC. Together, we develop a treatment plan, which I help to expedite within the VA Health Care System. I am assigned full time on-site at WRAMC and meet face-to-face with WRAMC patients and staff. I am available to provide consultation to staff regarding the availability of VA health care programs and education to service members and their families regarding VA health care benefits.

Once the MTF staff identifies a service member who will need VA health care, they generate a referral to me that includes appropriate medical documentation, demographic information, and a treatment plan. Referrals may involve service members who require medical follow-up while on thirty-day convalescent leave or service members who are being separated/retired from the military and who need continuous medical care. Transfers of care may involve inpatient services such as acute rehabilitation for traumatic brain injuries, spinal cord injuries, visual impairment, and loss of limbs or function, as well as acute inpatient psychiatric care. Outpatient service may include primary care, orthopedics, physical or occupational therapy, neurology, oncology, and mental health care. An important part of the coordination of care involves meeting with a service member and/or family to review the treatment and transfer plan, paying particular attention to any special needs of the service member or family.

Once I have received the referral, I enroll the service member in the VA Health Care System and coordinate the transfer of care with the OIF/OEF Point of Contact (POC) at the designated VAMC. The POC arranges for outpatient appointments and inpatient admissions. I meet with the service members, veterans, and their family members at WRAMC to confirm appointments, provide contact information at the receiving VAMC, and address any issues or concerns related to the transition process. I remain available to answer questions and maintain contact with service members and/or their families until they leave WRAMC. I also monitor the transfer through our remote data access in VA's Computerized Patient Record System.

Due to the renowned Amputee Clinic at WRAMC, we have a high volume of patients with amputations from all branches of the military who will require long-term medical and prosthetic care through the VA Health Care System. I work closely with WRAMC and the Washington, D.C. VAMC to provide prosthetic equipment, such as ultra-light wheelchairs, collapsible canes and crutches, and hand-cycles for cardiovascular exercise, to the service members and veterans while they are recovering at WRAMC. Young, active service members and veterans are eager to maintain a high level of physical functioning, which

includes participation in various athletic events. VA supports their desires and if certain athletic interests are known, we will educate the service members on what services VA can offer to promote their athletic interests and will forward that information to their local VAMCs.

I collaborate with the WRAMC Department of Physical Medicine and Rehabilitation (PM&R) and the VA Maryland Health Care System to schedule driving evaluations for patients with amputations, traumatic brain injuries and visual impairments. The driving evaluations ensure that the patients can safely operate a vehicle, which promotes a return to independent living. I also communicate with the Blind Rehabilitation Specialist from the VA Maryland Health Care System, who visits with visually-impaired patients at WRAMC to provide education about VA blind rehabilitation services.

I work in conjunction with the Veterans Benefits Administration's Veteran Service Representatives and Vocational Rehabilitation and Education Counselor located at WRAMC to promote maximum support from VA. We communicate on a daily basis to review the needs of patients and how we can coordinate our services to support an optimum level of functioning and independence. I also participate in a weekly support group for WRAMC patients held at the Fisher House to provide a forum for education and discussion about VA health care benefits.

Change itself provokes anxiety, and my goal as a VA/DoD Liaison is to help the OIF/OEF veterans face their new lives with enthusiasm, hope, and optimism. The enhancement of coordinated services between DoD and VA promotes a positive transition from military to civilian life and ultimately has a lasting effect on a veteran's family and community. I am honored to serve those who have served our country.

Mr. Chairman, this concludes my statement. I look forward to answering any questions that you or other member of the Committee might have.