

**Statement of
Lynda S. Petty
Veterans Benefits Administration
Officer-In-Charge for Veterans Benefits,
Walter Reed Army Medical Center**

**before the
House Committee on Veterans' Affairs
Subcommittee on Oversight and Investigations**

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Chairman Bilirakis and members of the subcommittee, it is a privilege to appear before you today to discuss my role as the supervisor of the Veterans Benefits Administration's outreach team. I retired from the military service in 2003 after serving a total of 28 years, both active and reserve, in the United States Army. I was honored when VBA gave me the opportunity to come to the Walter Reed Army Medical Center and continue to support these service men and women, our newest veterans.

VBA detailed a full-time benefits counselor from the Washington Regional Office to Walter Reed Army Medical Center in August 2003. This counselor was to meet with Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) patients and provide them with timely, accurate information. The regional office detailed a second counselor in October 2003 to meet the growing demand for services from those OEF/OIF patients that were not as severely wounded, many of whom went directly into outpatient status. Additional benefits counselors from VA regional offices across the country volunteered to work at Walter Reed on 60 to 90 day details from August 2003 to January 2005, when two permanent staff members were hired. I joined the Walter Reed staff in March 2004 as the supervisor of the VBA staff. My role was to coordinate

support requirements, develop administrative procedures, and provide a single point of contact for both military and VA issues. In November 2004, we added a full-time counselor to the National Naval Medical Center in Bethesda. We currently have four full-time, permanent staff members at Walter Reed and one at Bethesda. In addition to the civil service employees, we also have a contract Vocational Rehabilitation and Employment (VR&E) counselor to provide early testing, and evaluations. The VR&E counselor began working at Walter Reed in December 2001.

We strive to meet every injured service member returning from the theater of operations with special emphasis on those designated by the military services as Very Seriously Injured (VSI), Seriously Injured (SI) or Special Category Person (SCP) (defined as maimed, blinded, burned, or amputee) as soon as medically appropriate.

In the beginning, we received a daily list of OEF/OIF inpatients at Walter Reed. We used the list to schedule visits within 72 hours of the patient's arrival. This was an unrealistic and inappropriate goal. We found that few patients were physically or emotionally ready to discuss veterans' benefits or face the implication that their military career may be over that soon after arrival.

We receive referrals from military social workers and case managers, VA social workers, and periodically check with ward nurses to see if there is anyone new we need to visit. At the first visit, we introduce ourselves, gather some basic contact and personal information, and leave a large, brightly colored card with our locations, office

hours, and phone numbers. We try to follow up every few days with a short visit to gauge when they are ready for more information or to start a claim. It is often weeks or even months before they are ready to start a benefits claim. We stress those benefits they can use on active duty and we emphasize that we are not trying to make decisions for them. Our goal is to build a relationship based on the individual service member's needs.

One of the unique aspects at Walter Reed and Bethesda is our full-time VR&E counselor. The counselor provides full VR&E evaluation and testing, resumé review, and employment referrals. We issue voice-activated computers and ergonomic equipment as soon as eligibility is established. The VR&E program at Walter Reed arranges volunteer employment opportunities to suit service members' civilian work experience prior to separation. If a patient plans to leave the Washington, D.C. area upon separation, our counselor forwards the complete assessments to a counselor at the new location. The VR&E program reassures both service members and family members that they do have employment options.

In the early stages, we may meet with family members instead of the patient. I periodically attend the Fisher House Family Support Group meetings to provide information on the VA benefits available and the claims process. I arrange for vocational rehabilitation and specially adapted housing presentations on a regular basis. When the patient or family members indicate they are ready for more information or to start the claim process, we assist them in completing and filing the necessary forms.

We prepare claims for compensation, automobile grants, specially adapted housing grants, and vocational rehabilitation and employment. We gather all available medical evidence needed to support the claims. The Washington Regional Office processes the applications from both Bethesda and Walter Reed. The Regional Office processes as much of the claim as possible before separation. They finalize it upon receipt of proof of separation (DD-form 214). Upon completion of the award, the claim is transferred to the service member's home of record. Our goal is to have benefits waiting for the service member rather than the service member waiting for benefits.

The command and staff at both Walter Reed and Bethesda fully support VBA and the Seamless Transition Initiative. They are very responsive to our requests for support. The medical staff considers VBA staff to be full members of the team providing care to OEF/OIF patients. VBA counselors started participating in Walter Reed's weekly outpatient amputee clinic at the invitation of clinic physicians in July 2004. These meetings allow us to see patients we might otherwise have missed, to follow up with those who have started a benefit claim, or answer questions about the claim process. These meetings also allow us to track a patient's progress with therapy and the medical boards. The VBA counselor at Bethesda attends similar interdisciplinary meetings.

We work very closely with the VHA social workers and health care liaisons. We make informal referrals to them when we learn that a patient has special needs or concerns about follow-on health care after they leave this area. Often the VBA counselors have worked with a patient long before they are ready for a referral from DOD to VHA. VHA

contacts us when they find a patient with benefits questions and we do the same with health care questions.

Each VBA regional office also has an OEF/OIF coordinator and alternate. We notify the coordinator when a patient leaves Walter Reed or Bethesda, even if it is just for a few weeks convalescent leave. We tell the regional office how to contact the service member, what we have done to date, and let them know of any special needs. The Under Secretary for Benefits established very specific guidelines for outreach and claims processing for all VSI/SI/SCP casualties. These claims are case managed and receive priority processing.

The VBA staffs at Walter Reed and Bethesda are not limited to OEF/OIF service members. We also counsel other service members awaiting medical boards, provide transition services, including Transition Assistance Program (TAP) and pre-retirement briefings, and survivors benefits counseling. The military social workers, nurse case managers, and ward managers often ask us to come to the ward and brief a non-OIF patient or family member about veterans' benefits

Mr. Chairman, this concludes my statement. I look forward to answering any questions that you or other committee members might have.