

STATEMENT OF DR. ROBERT T. FRAME

HOUSE COMMITTEE ON VETERANS' AFFAIRS  
16 OCTOBER 2003 HEARING

SUBJECT: Transition from DOD to VA

Greetings:

I am Dr. Robert T. Frame, an army reserve officer currently on active duty, recovering from wounds received from hostile action against the enemy while serving in Iraq. I was the Public Health Team Chief for the 352<sup>nd</sup> Civil Affairs Command in Iraq for Operation Iraqi Freedom (OIF). I also served in Afghanistan/Pakistan prior to this deployment. In my civilian capacity, I serve as Assistant Under Secretary for Health for Dentistry for the Department of Veterans' Affairs.

I am very proud to serve my country in both capacities.

I wish to make clear that any comments I offer today are my own and do not represent either agency.

As an injured soldier with injuries that have left me with a disability, I think about the continuity of care that will be available to my fellow soldiers and me in the future constantly. I have given much thought to the transition away from the safety of the military care I am receiving.

On April 27<sup>th</sup> my public health team was ambushed while traveling through central Baghdad, on the way to the Ministry of Health. All my team members and our interpreter were wounded; I suffered a gunshot wound to my left arm. I had a tourniquet put on the shoulder by one of my partners after a long firefight and escaping to a safe area. Within 90 minutes of being wounded, a Forward Surgical Team (FST) restored circulation to my arm with a plastic shunt. I was transported to a Combat Surgical Hospital (CSH) and stabilized, had an external fixator placed to stabilize the bone fracture, and had a saphenous vein graft to replace the plastic shunt. I was then transported to a Navy Combat Zone Fleet Hospital in Rota, Spain, and on to Walter Reed Army Medical Center. The care I have received has been superb.

I have been away from my VA position from October 2001 thru August 2002 and again from February 2003 till present. In my military role I work in Civil Affairs and not AMEDD.

My comments are from the perspective of a patient with a future need for specialized care. My comments reflect concerns shared by many men and women at WRAMC and other like facilities. We would like to feel assured that we will experience a seamless transition from DOD care to VA care.

I am aware that both DOD and VA have been and are working extensively to ensure this transition.

I would like to comment on two areas for consideration:

First is the flow or movement of patient information as a patient moves through the treatment system. As I moved through the system, information about my care accompanied me. At each stop clinicians used the information and added to it. Eventually, this compilation of data which is my medical record will tell my health story and eventually will pass on to the VA for benefits, disability ratings and continuing care. If this record is not clear and complete, it will not help me. If this record is not clear and complete, my clinicians and others may not have the information they need to properly care for me and make critically important decisions. The purpose of en route care is to continue the same high standard of care provided from the point of injury. Accurate and complete patient information is essential at every juncture of this process. Once in a fixed facility, the data should be put in an electronic format and the ability to share, transmit, and access it becomes easier. I see the ability for those data to flow electronically between DOD and VA, to be a critical factor. The seamless movement of patient medical information, to include imaging, would give patients a great deal of comfort and a feeling of security, as well as ensure optimal services. Clinicians and administrators would have the tools to make the best and most appropriate determinations on matters affecting each patient.

The other area of concern to patients on the road to transitioning to VA is the question of capacity for caring and continued existence of the organization. The men and women I have spoken to, all ask if VA will have the skills, staff, and ability to care for our health care needs from the time we are released from active duty and as we age. Many also ask if VA will be around to care for us. Family members who are fearful of not being able to properly care for their loved ones also voice this concern. As we age, most desire not only the skilled care, but also convenient and accessible services.

Transition from DOD care to VA care is extremely important to numerous soldiers, veterans, and their families who would not have any other recourse for unique and very needed care if VA did not exist. In addition to the unique care, VA provides an environment and an atmosphere of security and familiarity for veterans. VA provides a center of gravity and balance for a unique member of our society who oftentimes cannot share their experiences and feel understood in our community.

Thank you for the unique opportunity to share some thoughts and feelings shared by many men and women who have served their country and given their all in this service.