

KEN SALAZAR
COLORADO

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SPECIAL COMMITTEE ON AGING
SELECT COMMITTEE ON ETHICS

United States Senate
WASHINGTON, DC 20510

WASHINGTON, DC:
702 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5852

COLORADO:
2300 15TH STREET
SUITE 480
DENVER, CO 80202
(303) 455-7600

<http://www.salazar.senate.gov>

March 7, 2007

The Honorable Robert Gates
Secretary
U.S. Department of Defense
1300 Defense Pentagon
Washington, D.C. 20301

The Honorable Jim Nicholson
Secretary
U.S. Department of Veterans' Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Secretary Gates and Secretary Nicholson:

In the wake of this week's Congressional hearings on the problems at the Walter Reed Army Medical Center, I write to express my concern about the apparent disconnect between the care of wounded active duty personnel and veterans with permanent service-related disabilities.

Among the most disturbing revelations at Walter Reed is the failure to provide our wounded veterans with a "seamless transition" from inpatient and outpatient medical care provided by the Department of Defense to long-term, disability-focused health care provided through the Veterans' Health Administration.

While I strongly believe that the conditions at Walter Reed, such as leaky pipes, moldy walls, and overall building structural damage, are unacceptable, I also believe they can, and should be, quickly repaired. Still, it will be much more difficult, and just as essential, to overcome the systemic challenges we face in properly addressing the needs of our wounded soldiers who suffer from post-traumatic stress disorder (PTSD), the loss of limbs, and traumatic brain injury (TBI).

It is now more apparent than ever that we need to address these issues in a manner that cuts across agencies, jurisdictions, and bureaucracies. I am pleased that the Senate Armed Services and Veterans' Affairs Committees have already pledged to hold a joint hearing to examine ways to do just that. This pledge mirrors a request I made earlier this year when I asked these two committees to hold a joint hearing on our treatment of veterans who are affected by PTSD.

It is with that sense of shared responsibility that I request that you prepare a joint set of recommendations to Congress on what is needed to improve the transition of inpatients and outpatients from the care of the Department of Defense to treatment by the

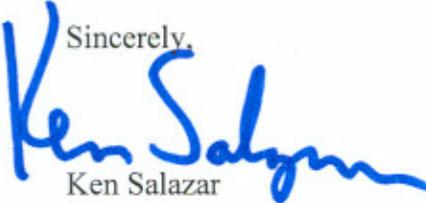
Department of Veterans' Affairs. While I am encouraged by the creation of two independent commissions to investigate troops' reintegration into civilian life and the conditions at Walter Reed and the National Naval Medical Center in Bethesda, as you know, studies do not substitute for action on items that need immediate attention.

In particular, I ask that you prepare an updated and detailed report on the number veterans who have served in the Global War on Terror (GWOT), detailing their deployment history, their duty status, their component of the Armed Forces, if they are receiving health care treatment with the DOD or the VA, their priority enrollment status for benefits, their condition, details on the number of claims received, granted, denied, and pending, and other information that will help ensure accurate budgeting and effective policy reforms. Based on the President's budget request for Fiscal Year 2008, it appears to me that the Administration continues to underestimate the number of GWOT veterans who will be seeking healthcare treatment in DOD or VA facilities.

Secondly, I ask that you immediately improve the portability of medical records for service members as they transition from inpatient to outpatient care, and then to long-term care with the Department of Veterans' Affairs. Veterans who are discharged from VA care should, at the very least, have a portable electronic copy of their medical records. The information technology currently available leaves no excuse for the quick transfer of information from the Department of Defense to the Department of Veterans' Affairs.

Finally, I ask that you direct the independent commissions to examine not only the symptoms of the problems exposed at Walter Reed, but also the administrative and bureaucratic causes, which lie both within the Department of Defense and the Department of Veterans Affairs. Specifically, these commissions should examine the relationship between the two agencies and provide recommendations on how to create a seamless transition to service members and veterans as they move through each stage of our military and veterans' healthcare systems.

We fail all of our men and women in uniform when we do not show them a commitment equal to the commitment they have so graciously and bravely made to us. I thank you in advance for your willingness to work with me and my colleagues to fulfill our nation's obligations to our men and women in uniform.

Sincerely,

Ken Salazar
United States Senator