Mr. President, once again we are debating additional

wartime funding for Iraq. Once again, we are trying to mitigate the

damage caused by the President's utterly failed Iraq policy and the

failure to properly plan for and manage the aftermath of Saddam

Hussein's fall. I have spoken many times about how damaging this lack

of planning has been to our efforts in Iraq and to our standing in the

world.

For the past 2 months, the spotlight has shone on another

administration failure in this war: the shameful conditions our wounded

soldiers face as outpatients navigating the military health system when

they return from Iraq or Afghanistan. This is another example of gross

mismanagement and a strained system. As such, I will offer amendment

No. 766 to improve the care that members of the Armed Forces and

veterans receive at Walter Reed and other military medical facilities.

The purpose of this amendment is to ensure that some of the reasons

for concern at Walter Reed do not occur in the future. As the living

conditions for outpatients at Walter Reed Army Medical Center indicate,

moving to private contracts for maintenance can cause problems. After a

private contract was awarded for maintenance and upkeep of buildings on

the campus of Walter Reed Army Medical Center, a maintenance crew of

approximately 300 was whittled down to 50 by the time the contract went

into effect. Many of the terrible living conditions found in Building

18 were a direct result of delays in building repair and maintenance

because of a shortage in manpower. To prevent this situation from

occurring again, this amendment calls for public-private competitions

of maintenance services at military medical complexes to stop while our

country is engaged in military conflicts. It also calls for a

Government Accountability Office review of contracting-out decisions

for basic maintenance work at military facilities.

Other problems discovered at Walter Reed are directly attributable to

shortages resulting from pressures to cut budgets for military medical

services. These cuts cannot be tolerated at a time when military

medical services are needed to treat service members who have been

wounded in Iraq and Afghanistan. As such, this amendment would require

medical command budgets to be equal to or exceed the prior year amount

while the Nation is involved in a major military conflict or war.

Another issue that the conditions at Walter Reed brought up is

whether or not the facility should be closed as the Base Realignment

and Closure Commission recommended. The Commission recommended building

new, modern facilities at the National Naval Medical Center at Bethesda

and at Fort Belvoir to improve the overall quality of care and access

to care in this region. Military leaders have indicated that the

planned closure has limited their ability to attract needed

professionals to jobs at Walter Reed and there have been concerns

raised whether adequate housing for the families of the wounded has

been properly planned. To deal with that, this amendment requires the

Department of Defense to submit to Congress within one year a detailed

plan that includes an evaluation of the following: the desirability of

being able to guarantee professional jobs for 2 years or more following

the closure; detailed construction plans for the new facilities and for

new family housing; and the costs and benefits of building all of the

needed medical treatment, rehabilitation, and housing before a single

unit is moved.

Another major problem and source of frustration for injured soldiers

is the length of time it takes to receive a disability determination.

In order to hasten the disability determination process, we need to

ensure that the Department of Defense has information systems capable

of communicating with those in the Department of Veterans Affairs. The

VA has been a leader in implementing electronic medical record keeping,

but we have to improve the capability of the Department of Defense to

send electronic medical records to the VA to speed up the disability

determination process. Making the disability determination system more

efficient can reduce the stress on the soldiers and their families

going through the determination process.

Caseworkers are also critical. They schedule appointments and make

sure wounded service members get the rehabilitative and follow-up care

they need. As more and more soldiers and marines come home wounded,

many military caseworkers are overwhelmed. To improve the care given to

service members, this amendment requires a minimum ratio of case

managers to patients of 1 to 20, that case managers have contact with

recovering service members at least once a week, and that case managers

be properly trained on the military's disability and discharge systems

so they can better assist patients with their paperwork.

Currently, many combat veterans returning from Iraq and Afghanistan

have service-related mental health issues like posttraumatic stress

disorder, PTSD, and traumatic brain injury, TBI. Many have labeled TBI

the ``signature injury'' of the Iraq and Afghanistan conflicts. It is

estimated that as many as 10 percent of those serving or who have

served in Iraq and Afghanistan have brain injuries. That would mean

about 150,000 of the 1.5 million soldiers who have served in Operation

Enduring Freedom or Operation Iraqi Freedom have suffered a brain

injury. In many cases, these injuries are not diagnosed because there

is not an external wound. Depending on the severity of these injuries,

returning soldiers can require immediate treatment or not have symptoms

show up until several years later. This amendment calls for every

returning soldier to be screened for TBI. While the VA has announced

plans to do this, it needs to happen in active-duty military medical

facilities too. In addition, the amendment calls for a study on the

advisability of treating TBI as a presumptive condition in every

service's disability evaluation system, as well as the VA disability

evaluation system.

We often hear about the 25,000 soldiers and marines who have been

wounded in these wars--but that figure grossly underestimates the

demand that the VA health care system faces. Since our country was

attacked on September 11, 2001, more than 1.5 million soldiers have

been deployed to Afghanistan, Iraq, and other locations. Of these,

630,000 are now veterans and, according to the Department of Defense,

more than 205,000 have already received medical treatment through the

Department of Veterans Affairs. A recent Harvard study on the long-term

costs of treating these new veterans estimates that by 2012 more than

643,000 veterans from Iraq and Afghanistan will be using the VA system,

an almost three-fold increase of what the system faces now. With a

significant backlog of claims currently existing, the system is in

desperate need of an upgrade. To address this concern, my amendment

directs the Secretary of Veterans Affairs to submit to Congress a plan

for the long-term care needs for veterans for the next 50 years.

In addition to this amendment that I offer today, I am happy to have

also joined with my colleagues Senators Obama and McCaskill and offered

an amendment based on the Dignity for Wounded Warriors Act. My

amendment complements the Obama and McCaskill amendment to improve the

care our wounded soldiers receive at Walter Reed Army Medical Center

and other military medical facilities. I believe both amendments will

make medical care better for our military personnel and veterans. I

also commend the Appropriations Committee for already providing

approximately $3.1 billion in funding above the President's request for

health programs in the Department of Defense and the Department of

Veterans Affairs. Providing $1.3 billion for defense health programs

and $1.767 billion for veterans' health programs is a great step to fix

some of the problems we currently face.

It is our highest obligation to heal the hundreds of thousands of

brave men and women who will bear the physical and emotional scars of

these wars for the rest of their lives. While President Bush and his

administration may have failed to plan adequately to ensure that these

soldiers and veterans receive the care that they deserve, we in

Congress must act now to improve this situation.