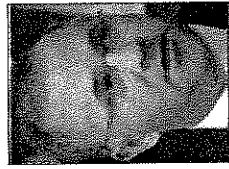


Decades of work, but VA, DoD still can't connect on health care

REP. STEVE BUYER



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dates for resource-sharing, name changes, studies, hearings, and repetitive vows by officials, the two agencies still operate in separate worlds.

What little progress exists is inadequate; the jointly conducted Transition Assistance and Disabled Transition Assistance programs help transitioning service members learn about veterans' benefits, but they are only optional.

The two agencies should share a system of electronic medical records and appropriate personal data needed to speed benefits processing. The complete continuum of a service member's health history should be captured from induction to separation and shared with VA, which has an excellent electronic patient record system. Billions have been spent by both agencies in the past decade, but they still cannot electronically share medical information. Ser-

vice members leaving active duty must still make hard copies of medical records to give VA. This is unacceptable.

Positive action was taken by the Defense Department and VA when they signed a memorandum agreeing to share patient data after years of wrangling over privacy issues. As we have pressed the departments to collaborate in the past, we will press them to fulfill this agreement.

Seamless transition is much more than an electronic record. It is a discharge physical that meets VA's need to consider claims for disability benefits. It is outreach, counseling, and referral by Defense Department staff to appropriate VA resources and programs. Most of all, it is a commitment by the two agencies to make transition work, and the Defense Department's lack of commitment has been a glaring deficiency over

the past 20 years.

I offer compliments to the National Guard, which, in an exceptional example of leadership, has acted: 850 returning New Hampshire Guardsmen recently received a three-day outprocessing that includes time with VA health and benefits counselors. As a result, almost 50 percent filed VA claims and 2 percent were found too sick or hurt to be demobilized and were kept temporarily on active duty to receive military health care.

Soldiers, sailors, airmen, Marines and Coast Guardsmen should never be caught in the bureaucracy. After studying this for two decades, we know what must occur to make the transition from service member to veteran a seamless one.

The Defense Department and VA must move decisively ahead. It is time for joint action. □

The health care systems of the Defense Department and Department of Veterans Affairs are among the world's best. However, four years after the start of Operation Enduring Freedom, health care officials from both bodies, in testimony provided during hearings before the House Veterans Affairs Committee, acknowledged that they have yet to forge a truly seamless transition system between the agencies.

We have discovered the lack of even a common understanding of the term "seamless."

For example, say an active-duty service member who suffers a traumatic brain injury transitions from a military treatment facility to a VA polytrauma center in Minneapolis, one of four such specialty centers in the VA health care system. His journey from the military facility to the VA facility and back to active duty — or from the

military facility to a VA hospital to separation — should be seamless.

Congress directed VA and the Defense Department to collaborate on health care in a 1982 law that created a joint committee to improve medical resource sharing. In 2003, responding to inaction between the two departments, Congress mandated that they review all aspects of both agencies to assess potential opportunities to coordinate and share resources. Despite 20 years of such man-