

MILITARY OFFICERS ASSOCIATION OF AMERICA  
NATIONAL DEFENSE INDUSTRIAL ASSOCIATION  
WARRIOR-FAMILY SYMPOSIUM

SALUTING THEIR SACRIFICE:  
A DECADE OF CHALLENGES AND TRIUMPHS  
FOR OUR WOUNDED HEROES AND THEIR FAMILIES

Thursday, September 13, 2012

8:40 a.m.

The Ronald Reagan Building and  
International Trade Center  
Atrium Ballroom  
1300 Pennsylvania Avenue, N.W.  
Washington, D.C. 20004

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P R O C E E D I N G S

VADM RYAN: Good morning, everyone. Good morning. Welcome to our sixth Warrior-Family Symposium. I'm Norb Ryan, the President of the Military Officers Association, and joining me in hosting this symposium this morning is Lieutenant General Larry Farrell, President and CEO of the National Defense Industrial Association.

We thank all of you for taking time out of your demanding schedules to join us this morning for our Warrior-Family Symposium. I think the pamphlet that you have and the picture that you have that talks about the theme states it all, but more than anything I think your presence here reminds us that leadership is all about example, and so we're very grateful for all of you to giving this symposium the priority that you have.

Would you all please rise now for the Presentation of the Colors and the playing of our National Anthem?

Presenting the Colors today is the Joint Armed Forces Color Guard, Military District of

Washington. Color Guard, present the Colors.

[Presentation of the Colors.]

[Playing of National Anthem.]

[Applause.]

VADM RYAN: At this time, Commander Steven Smith, U.S. Navy Headquarters FORCECOM, Deputy Chaplain, U.S. Coast Guard, will give the invocation.

CDR SMITH: Good morning. I would invite you to join me in a word of prayer with cleared minds and open hearts.

Holy God, we have assembled here this morning because we care, and it's our hope that we will collectively leave this place better equipped to care for our warriors and their families.

You, holy God, are the author of life, and in you we are created, and in you we find purpose and hope and healing. Thank you for being a creator who loves us so.

We understand that we're mind and body and spirit, and I would pray that you would help us to care for each entity in a way that not only makes a

difference, that also sets the course for others to follow.

Bless these men and women who have been gifted with unique skills. May their talents lead to advancements that best meet the needs of our warriors, and thank you, God, for the opportunity to gather.

Bless our warriors in the various AORs this day. May they know unparalleled safety and defined success, and may they always know we hold each one dear in our hearts, and may they also know that they are never alone, and that they're never forgotten, and may their sacrifices, their families' sacrifices, forever be appreciated.

We pray in your holy name. Amen.

VADM RYAN: Please be seated. Thank you, Chaplain.

We want to thank all of our sponsors for supporting this year's Warrior-Family Symposium. We especially want to thank USAA, our executive sponsor. We're pleased to have Lieutenant General Stephen Speakes, Executive Vice President for

External Affairs from USAA, here today with us.

Thank you, General.

[Applause.]

VADM RYAN: We also want to thank our important patron sponsors, Health Net, Lockheed Martin, and TriWest. Would their representatives please stand so we can recognize you as well?

[Applause.]

VADM RYAN: And the great breakfast this morning was sponsored by the American Physical Therapy Association, who have been our partners for all six years.

In the audience today, we have some special guests, and I can't see them all because of the lighting, but I want to tell you who is going to be here and who is already here. First, our Chairman of the Board who has sponsored and supported our efforts in this is Admiral Charles Abbot. Our Chairman of the Board is here.

[Applause.]

VADM RYAN: I know that Mrs. Dempsey and Mrs. Winnefeld may not be here yet, as well as Mrs.

Odierno, but I did see Mrs. Ellyn Dunford, spouse of the Assistant Commandant. Ellyn, are you here?

Okay. Thank you for being here.

[Applause.]

VADM RYAN: And I believe Mrs. Conway, the former Commandant's spouse, is here. And we've got one of our other Board of Directors will be coming in at nine, John Tilelli, General John Tilelli. Another one of our Board of Directors is here, Colonel Sharon Richie-Melvan. Sharon, say hi.

[Applause.]

VADM RYAN: Thank you. And I believe Mrs. Sattler will be coming. I know that Debbie Paxton, spouse of our good friend, Lieutenant General Jay Paxton, is here. Thank you, Debbie.

We also have Ms. Dana Rogers, spouse of Vice Admiral Michael Rogers. Thank you, Dana, for being here as well, and I know that Mrs. Linda Talley [ph] is here. I saw her. And Command Sergeant Major Mike Schultz. Would you wave so we can thank you all as well? Thank you.

[Applause.]

VADM RYAN: Well, as a nation, we continue to reflect on the tragedy of September 11, the day that changed America forever, and this symposium presents us with a poignant reminder of the many sacrifices of our wounded heroes and their families and what they have made.

I think the chaplain said it all, is the purpose of this session: it's to build awareness and keep awareness with the American public and recognize those folks that are making a real difference for the real heroes of this country, the men and women and the families that you're going to meet and the caregivers that you're going to meet today.

We'll talk about a whole host of key issues that are important to you, but I want to get on with introducing my particular counterpart from NDIA, but first a reminder that we'll go through the morning. General Shinseki, Secretary of Veterans Affairs, will be here. He'll speak just before lunch, and then we'll break for lunch, and then we'll come back for a really, really special

afternoon as well.

Some of the speakers will have time for questions and answers. So we have pencils and paper at your table there for you to kind of synthesize your question and take as short of time as you can so we can get as many questions as we can in.

We have our first speaker who has agreed to take some questions, and our second panel will have some time for some questions as we go forward. So that's what they're there for.

Now, it's my pleasure to introduce our partner from National Defense Industrial Association, Lieutenant General Larry Farrell. Larry.

[Applause.]

LT. GEN. FARRELL: Well, good morning. Thanks, Admiral Ryan. I really appreciate the introduction, and I want to let you know that NDIA is especially pleased to be the co-host of today's event, and it's an honor to work alongside you to honor our wounded heroes and their families.

Working alongside MOAA to plan the event has been a rewarding experience for the NDIA team, and you can see about half of NDIA at the desk out here. We brought a lot of people here for this event.

I can think of no activity that is more worthwhile or more rewarding nor is more deserving of our efforts in NDIA and in partnership with MOAA to do this. I add my sincere thanks to the sponsors and the displayers whose contributions have made this day possible.

I also wish to say thanks to the invited speakers, the panelists, the wounded heroes, the family members, that will be part of the agenda today, and I encourage everybody in attendance today to engage the speakers and panelists with your questions and your comments to make your time and our time more productive, and as we plan for next year's event, to make sure we take the lessons learned from today and to move forward to next year to make next year even better than this year.

Lastly, I want to publicly thank MOAA and

Admiral Ryan for inviting NDIA to become a co-sponsor for this Warrior-Family Symposium, and we in NDIA look forward to participating in the program today.

Norb, thank you.

[Applause.]

VADM RYAN: Thank you very much, Larry.

It's now my privilege to kick off today's program by introducing our morning speaker, the Honorable Jeff Miller, from the First District, Chairman of the Health Committee on Veterans Affairs.

By the way, Chairman Miller is here with his Staff Director Helen Tolar, who is the Staff Director for the Veterans Affairs Committee.

Chairman Miller has been a long-time advocate for military personnel and veterans in his current position. He's also been a member of the House Defense Authorization Committee as well. He supported changes to concurrent receipt and policy changes such as greater cosharing between military and veterans' clinics.

He's a true champion for emphasis on suicide prevention and intervention and immediate access to mental health care services, and VA and DoD collaboration and partnerships with community-based programs.

But I want to just give you one personal example. Both Chairman Miller and Helen Tolar are really champions for all of the members here, and what goes in my mind is in 2004 and 2005, we had a situation where there are 250,000 military spouses that gave up 40 percent of their income if they were a widow, and they turned 62.

No other group in the nation had this indignity, and Chairman Miller and Helen were our champions on the health side to get this legislation passed, and so it is passed. That widows' tax is phased out, and it's because we had a great champion in Chairman Jeff Miller and Helen Tolar.

[Applause.]

VADM RYAN: So this is a leader who walks the walk. It's my privilege to introduce the

Chairman of the House Veterans Affairs Committee,  
the Honorable Jeff Miller.

MR. MILLER: Thank you very much, Admiral Ryan, for those kind remarks. Our relationship has gone back a number of years, and I appreciate so much the friendship, the counsel and the guidance that you and MOAA have given to those of us on the Committee. Thank you to everybody who has come out this morning, today, and I appreciate the invitation to be here.

You know the reason that we're here is important. You know that or you wouldn't be here, but it's not important just for today. It's important for tomorrow and well into the future for those individuals who will serve us in future times, but I just want to let you know that as we gather together that this Chairman, and I know my counterpart in the Senate, want to make sure that we keep our lines of communication clear and open to hear of the many successes that happened, and also we want to learn of those things that are not as successful as we would like them to be.

And to say the least, this past decade has been extremely tough, tough for many of you in this room, and incidents like those that have happened over the last couple of days remind us that we still have enemies out there that are willing to kill American citizens because they don't believe in the very things that we believe in.

So to our servicemembers, our men and women who have worn the uniform, who many times have taken multiple deployments, we cannot say thank you enough. Not only have they taken time away from their families in far-off places, but certainly the family members, too, have participated in those deployments by taking care of things at home, and I know that's the way it's been for many, many years and centuries in this country.

And although the survival rates on the battlefield have gotten greater--I was talking with a doctor this morning about how good they have gotten in the care in the trauma that has been experienced on the battlefield--certainly the injuries that our veterans are returning home with

are much more complex, and while DoD has been able to help the survival rate increase, VA now will be taking care of many of those veterans for many years to come, and they have to change as well.

We've seen families struggle as they try to reintegrate into civilian life again. We know how difficult that can be. So again, 11 years, 11 years the toll that has been taken on those that have fought for this country and their families has been great.

Life changing injuries. Facing a tough job market. More than a quarter of a million are suffering, many of them in silence, from those wounds that you cannot see. A lot of people are accustomed to seeing visible wounds, but that invisible wound of Traumatic Brain Injury and Post-Traumatic Stress are things that we've got to come to grips with, and while the Department of Veterans Affairs has struggled to accommodate the number of new veterans coming into the system, they're already having to take care of the many hundreds of thousands that are in the system today.

VA has been reactive, in my opinion, rather than proactive in many cases. They could have planned better for the needs of veterans, not only of past eras, but eras including today and in the future. But we've seen success. We know that, but we've also seen failure.

We've seen new ideas, and we've seen old ideas recycled as new ideas as well. We've explored, we've talked, we've written laws, but there is more to be done, and we all can do a whole lot better.

In some areas, I think that we are starting to see the tide turn. One of those areas is veteran unemployment. We know the numbers are high, too high for returning veterans, but the numbers are slowly beginning to decrease. We're seeing that curve downward. So I'm glad to see that more and more veterans are taking advantage of the Post-9/11 GI Bill benefits to go to school, and with the VOW to Hire Heroes Act of 2011, legislation that we coauthored, nearly 100,000 veterans will be in retraining programs at

community colleges, technical training schools, vocational schools around the country, hopefully putting them on the path to finding meaningful employment for them and their families.

And that was the goal of the program: to give veterans the tools they need to compete in today's job market, and I think it's working. Tens of thousands of veterans have already signed up, but you can help us get the word out to make sure that all the slots available are full, and this is good news, and I hope that you will continue to spread that word to all the folks that you know.

After the rough start that VA had about the Caregiver and the Veterans Omnibus Health Services Act, which was signed into law two years ago, thanks in part to the heavy lifting of many of you, in fact, most of you here in this room, I think it's finally beginning to work. Thousands of caregivers are now receiving the benefits that they need and deserve as they continue the daily work of caring for loved ones wounded in the service to our country.

As chairman of our committee, ensuring that this law is implemented correctly in the way that Congress intended has been a priority of mine. We've held a number of oversight hearings over the last year to make sure that the program is being implemented as it was written, and again I'm glad to see that we're back on track again, and I assure you that just because we may be moving in the right direction, the oversight of the House Committee on Veterans Affairs will not cease until those who have devoted their lives to the care for their veteran family member are given the support they need to continue their good work.

Unfortunately, all the news that we have to deliver to you from the Capitol side is not good. DoD and VA are still under the threat of sequester, cuts that will automatically kick in in just a couple of months, and I think most of you will agree that we cannot allow that to happen. Too much is at stake. For more than a year, I have been trying to lead a charge to get the Administration to say that VA is exempt, should be

protected totally from sequester cuts should it happen in January because, as has been said many times, balancing the budget on the backs of our veterans and their families is not acceptable no matter what generation they may have served this country.

The politics, and we are in that time of season that the politics in regards to veterans is really--it's got to stop so we can all step forward together, do what's right to uphold the promises that have been made to the veterans and the families of those that have served this country.

There is plenty of other places in our ever-growing country. You know what's amazing in the bureaucracy is while our economy has contracted, the federal government as a whole has continued to grow and grow, and it's time that we look at that and make sure that we are living within our means like families do around this country.

National security and protecting Americans always comes first, whether it's Iraq or

Afghanistan or Libya or Egypt. We've got a lot to do. The Department of Defense and Veterans Affairs really are years away still of a fully integrated joint program that will allow for seamless transition, too, of those in Active Duty as you transition out to the civilian life. There is a problem that needs to be fixed without the usual Washington, D.C. bureaucratic roadblocks.

We're talking about two large bureaucracies, and as such, I've seen very little indication that they are seriously talking about fixing the problem. There is a lot of turf guarding going on. We can't allow bureaucracy to stand in the way of progress, good progress, for the veterans of this country.

They've got to work together to improve the transition programs that put our veterans on the path to success, and they've got to do it quickly. We are well beyond the time for excuses for it not being done. For the first time ever that we're aware of, or certainly in decades, we recently held a joint hearing with the Secretaries

of DoD and VA.

We talked to them, questioned them, and they both pledged to work more closely together, but as you well know, only time will tell whether or not those promises can be kept. They've been made, but we want to see if those promises will yield true results.

There remain dark clouds on the horizon, and we've got to prepare for them. We have a surge of returning veterans home. We had a surge on the battlefield. We should be expecting and should have been expecting a surge returning back to this country, and now is not the time to mince words. I would like everybody to hear this point clearly. What we're facing, what this country is facing, is a crisis among our servicemembers and our veterans: a mental health crisis exists today. It's not an impending crisis. It is a crisis that exists right now here. VA has a mental health provider shortage.

In April of this year, they had 1,500 mental health provider vacancies around the

country. In May, Secretary Shinseki came to this committee and said that VA was planning to hire an additional 1,600 new mental health professionals by the end of the year.

And I think they're needed. There's no question an additional 1,600 is needed, but less than six months after his announcement, that time frame has already slipped to the middle part of 2013. If you couldn't hire 1,500, you put 1,600 on top of that, how are you going to meet that goal? We cannot and we must not delay in making sure that the positions that we need are filled.

Now, a few weeks ago, the administration made a positive announcement to improve access to mental health care for our veterans, and that is a good thing. But the actions outlined in the Executive Order that was signed have been called for by our committee for a number of years. Congress has been trying to get folks to pay attention to what's been going on.

And I want to think that what's being done is more than lip service because the fact of the

matter is this is a life and death issue. All options need to be on the table. They all need to be discussed in the ways that we help veterans struggling with the mental health, their physical wounds of war, to get the access to care, not weeks or months down the road, but when they need it, and my promise to all of you in this room today is that as long as I'm chairman of the committee, we will continue to look for solutions to find ways to solve these problems together because, again, it's not a political issue, nor should it be.

And it's not going to be easy. We can do it. We can do it because we know it's the right thing to do. Failure is not an option. It's not an option when 18 veterans take their own lives everyday because their government has failed them in helping provide the immediate care that they need for their mental health issues.

We've always got to ask ourselves first what is best for our veterans and, second, are they getting better? Are they healing from their wounds? And if we can't answer those very simple

questions, then we need to change our attack.

I believe that at a point that we are at today, that we are moving closer to being able to solve many of these issues, and that's why I'm actively exploring ways that we can make mental health care accessible to all who need it, no matter where they live or what time day or night, they may need it.

And I want to thank those here today and the countless other Americans in communities large and small all across this great land who have worked to better the lives of our veterans and their families. Some acts have been very large acts. Some have been very small, but all are vital in the well-being of this great country that we love.

I want to thank you for working day and night to provide the much needed support and the services and for offering hope, hope to our veterans, hope to their families, hope in their communities. After all, that's what this nation is all about, and what each of you in this room have

already given to us and those veterans that are out there. We can't ever repay the favor, but we can show our eternal gratitude for the sacrifices that have been made.

I know the road has not been easy for anybody in this room in uniform or not. I know each day you hope it will be a good day. I truly believe those days are coming. I do say again it is not easy, it is going to take a lot of hard work in order to make it happen, to break down our centuries old bureaucratic barriers that Washington is so well-known for. We are going to need to work together as we try and solve these problems.

I look forward to a great symposium, Admiral. I appreciate you and those that have worked so hard to put this on. Again, before I end and take a few questions, I just want to say thank you for your service to this country. It means so much to those of us that are able to sleep at night knowing that our country is a safer place because of those who have chosen--some truly chose and others maybe involuntarily chose--to serve this

nation, but you did it, and you did it without regret, and for that we are eternally grateful.

This country, these United States of America are a country unlike no other on the face of this planet, and there are those that will continue, as we have talked about already, to take away what we cherish so much. Why? Because they envy the shining light that we have been for oh, so long, in this world population. With that, I say thank you and open up for questions.

Admiral, thank you.

[Applause.]

MR. NORTHACKER: My name is Craig Northacker. I'm from Vets-Help, and Admiral, thank you for inviting me here.

Representative Miller, basically you're saying the, mentioning the mental health crisis of 250,000. I would submit that number is larger, but I'm not going to quibble about that.

We also know that we have the economic crisis that you brought up, and the Bowles-Simpson team came up with a number of solutions. Right now

we have a \$16 trillion deficit. Senator Simpson said that with unfunded public liabilities, that's \$64 trillion. I understand at 16 trillion, it's 50,000 per family. That means 200,000 per family. That's a heck of a mortgage.

Since we have these different issues, and these are truly economic critical issues, is it possible to declare a national economic emergency in order to force Congress to convene to solve the problem as a bipartisan group and not as a partisan group?

MR. MILLER: It would be nice if we had somebody that would reach across the aisle and work with the House of Representatives. The House has passed numerous bills, sent them to the Senate, in regards to not only the economic crisis that faces this country today but also on sequestration, and unfortunately the Senate has chosen not to take them up.

Now, that may sound like a political comment, but it's the truth. I mean the law requires that we pass a budget every year. The

Senate has chosen not to do that. Yes, Simpson-Bowles did come up with some very bold ideas, I agree. The issue that many of us are wrestling with is that there are those on the Hill that think that the solution to this problem is higher taxes. There are those of us on the Hill that think the solution to this problem is less spending.

There are Americans out there today that say until you can get your spending under control, which we cannot do, and that's talking globally on the Hill, don't raise my taxes. So that is an issue that we continue to fight. You know there's a focus on the Hill about the political issues that are taking place. They're saying the Republicans are getting far more conservative. Well, guess what? The left is getting more liberal as well. The Democrats are moving farther to the left. That's factual. You can look at the primaries that they had this year, and look at people like my good friend Silvestre Reyes who was beaten because he reached across the aisle and tried to work to solve this country's problems.

We're here. We're here right now. We should be working, but instead there is political posturing that's taking place, and that's unfortunate, and this country stands by while we try to solve some of the biggest problems this nation has ever faced.

MR. NORTHACKER: Yes, sir. Thank you very much, and I appreciate your thoughts on that, and as a not-for-profit and as a guy who used to jump out of airplanes, whatever you need me to do, I'm there.

MR. MILLER: Thank you.

MR. NORTHACKER: Okay.

LT. COL. MICHAEL PARKER: Congressman Miller, I appreciate your coming today. My name is Michael Parker. I'm a retired lieutenant colonel and an independent wounded warrior advocate.

In 2009, the National Defense Authorization Act passed the legislation that placed DoD on the same presumption standards as the VA. These presumption standards state that any condition identified after entry onto Active Duty

is presumed service connected and/or service aggravated.

These presumption standards can only be overcome with clear and unmistakable evidence to the contrary. And this law went into effect on 14 October 2008.

Over the last four years, I've seen multiple cases where the VA has service-connected a condition, but the DoD will not. DoD is able to avoid paying disability benefits by stating that a condition existed prior to service and was not service aggravated.

Now how in the world can the VA and the DoD come up with 180 degree opposite positions when they're required to follow the same standard? The answer is kind of simple. DoD is not following the law or the standard.

What is really concerning is that DoD is not providing the clear and unmistakable evidence to overcome the presumptions of service connection and aggravation as required by law. Hundreds of wounded warriors have been denied proper DoD

disability benefits because DoD has refused to follow and enforce the standard placed in the law by Congress in 2008.

I ask your help to ensure that DoD follows the law and properly adheres to the clear and unmistakable evidence standard as well as to get DoD to conduct a review of all past disability cases that involve EPTS conditions since 2008 to be sure they were conducted correctly?

MR. MILLER: You can count on my support. Make sure that, if you don't mind, that I can get a copy of the information that you have just provided.

LT. COL. MICHAEL PARKER: Absolutely.

MR. MILLER: I can tell you that Buck McKeon has also been providing the type of oversight that's been lacking in Washington for many, many years, and that's not just in the current administration. It goes back into the Bush administration. We didn't do our jobs in making sure that the laws that we passed were being followed.

You know, the unfortunate thing is in order to force somebody to follow the law, those that are required to pursue that from a judicial standpoint happen to be the Department of Justice, and unfortunately in many cases, it's very easy for a Secretary within one part of the administration, regardless of who it is, whether it's a Republican or a Democrat, to force their Department of Justice to move forward.

They do it, but it's very, very slow. They should. Again, the intent of Congress is the intent of Congress. It's not a standard, as you already said. It is a law.

LT. COL. MICHAEL PARKER: Right.

MR. MILLER: It's something that should be done. If you just want to leave that at my chair here by Admiral Ryan, I'll be glad to look into it.

LT. COL. MICHAEL PARKER: Absolutely. I appreciate your help on that. And, you know, just as a general theme, there are great disability laws and policies out there, and it's a common theme, but the wounded warriors are not getting what they

are not because the laws are inadequate but just because they're not being enforced.

MR. MILLER: Well, explain again how a DoD physician can, as you leave Active Duty service, can come up with one rating as you take your physical coming out, and then you do your Comp and Pen, and then VA comes up with something totally separate.

LT. COL. MICHAEL PARKER: Well, actually, the doctor is saying it did preexist, and it's the Physical Evaluation Board, which is more of a personnel council.

MR. MILLER: Understand. I'm just saying but we still hear--

LT. COL. MICHAEL PARKER: Right.

MR. MILLER: --anecdotal evidence to the contrary in regards to physical as well, but make sure I get--I just want to know how you got all that on that little tiny blue card?

[Laughter.]

LT. COL. MICHAEL PARKER: Coming from here. Coming from here. [Pats chest].

MR. SLISS: Congressman Miller.

RADM FANNING: Mr. Chairman, my name is Tim Fanning. I'm a retired Rear Admiral, U.S. Navy. Mr. Chairman, with 250,000 veterans with TBI in the VA system, could you tell me exactly or specifically what treatment these warriors with TBI are getting in the VA system?

MR. MILLER: That's a good question for the Secretary.

[Laughter.]

MR. MILLER: I'm a legislator. I'm a legislator and not a physician.

RADM FANNING: Okay.

MR. MILLER: And I think you need to ask him, and if he doesn't have the answer, certainly Dr. Petzel would, in fact, have that answer. The issue, and just from my limited knowledge, is, as has already been stated, we think that the number is a whole lot higher than that, again, because in many--I was in Landstuhl several years ago.

I've been to Iraq 12 times, Afghanistan 14 times, been through Landstuhl most of the times as

we come back through. I saw a young kid who was there, and he said, you know, he said I was hit six times. This is my seventh IED that hit our unit. He said it finally rung my bell enough to scramble my brain, and now this young man will have to contend with that for many, many years to come.

So to get into the actual treatments, I can't nor will I try to get into that, but it is much larger than the issue that you bring up, Admiral, but that as well as PTS, or PTSD-- clinically it is a disorder although there is a stigma attached with that--but Post Traumatic Stress, as we all know, is a real thing as well.

And we've got to focus--I was talking with a colleague of mine who is a psychologist by trade, and he's going to try to help--he's not on our committee--but help us come up with some ideas that we can run by both VA and DoD to see if there are some new things that we can focus on from his clinical experience, as well.

RADM FANNING: The House did pass the TBI bill, but the Senate did not, to look into some

treatments for it. So we thank the House for its work, but we need a little work in the Senate as well.

MR. MILLER: Well, and thank you for that nonpolitical statement, Admiral.

[Laughter.]

MR. MILLER: There are all types of treatments out there. You know I get asked at least once a week about hyperbaric oxygen therapies, other therapies that are out there. I get pushback from VA and DoD every time I talk to them about HBOT, some other things, but, look, we've got to think outside--these numbers are growing that clinically we may not be able to handle, and that's why from a mental health perspective, I think we need to look outside of the current situation that we find ourselves in in regards to numbers of people available to help these individuals.

So thank you for your comment, sir.

RADM FANNING: Thank you.

MR. SLISS: Congressman Miller.

MR. MILLER: Yes. There will be one more question. Thank you.

MR. SLISS: Yes. I'm 100 percent disabled veteran. I have a terminal bone blood disease now, dated in March. I got a major decision that affects hundreds of thousands of VA claims on March 9 of this year by BVA. And they ruled that the VA violated veterans' VA regulations, U.S. Constitution and Bill of Rights on the VA personnel editing. VA files testimony, the testimony under oath, recorded, and told them to stop it, not only for my claim but hundreds of thousands of claims.

Both the General Counsel under Bush, Jr., Paul Hutter, which was pushed out later trying to help, and General Counsel Gunn wrote in that decision sided on the claim. Nothing has been done to enforce it. The Secretary knows about it. Hickey knows about it. Vice President talked about it last month. Nothing is being done, and personally I'm in my 11th BVA appeal, but hundreds of thousands of claims this is affecting because I was told that my claim since it lasted over three

decades. The House VA Committee knew about this the last seven years.

Senator Burr has been raising hell about it. And Barbara Lee, Congresswoman Barbara Lee, Congressman Bob Filner, and now Senator Graham met with me yesterday afternoon, furious. Nothing is being done about it, and that is a crying shame. They're editing files, throwing, trashing files. They know all about this, not only my claim, hundreds of thousands of claims this affects from every branch.

My family goes back to the American Revolution on my mom's side. My dad is second generation. All military. And I have some papers here for you. I won't take up the time, but I'm here from California not only to help me, for all these other vets, and speaking for them what's happening to them, nothing. As all four political parties, Republicans, Democrats, liberal and conservative complain, make speeches. Law enforcement talked to me. They want to do something about it and not being allowed to.

The Office of Special Counsel took briefs from me two years ago, and because of a loophole, the VA got out of being prosecuted. The American Bar Association two years ago now calls it human rights violations, as well as the American Law Journal, and now the United Nations is taking it up as human rights violations because of the legal process.

These vets need action on legal process. We don't need more regulations. We got the regulations to support us, but nobody is enforcing it. In the meantime, everybody is arguing. That is the real story, Mr. Congressman.

MR. MILLER: Provide me, as you said you would, the information. I'm not familiar with your particular case. I would appreciate the opportunity to review it and have those in the office review it.

MR. SLISS: The BVA's name man was Joaquin. I don't remember his last name.

MR. MILLER: And please don't cite United Nations and their human rights.

MR. SLISS: Well, I'm sorry, sir, but this is happening though. I'm talking about legal process. I'm not trying to get--I'm not getting political. I'm not going on parties. I'm going for these vets.

MR. MILLER: As I will, too. But--

MR. SLISS: Please.

MR. MILLER: --your strongest defense will not be from the United Nations.

MR. SLISS: No.

MR. MILLER: It will be from the American people.

MR. SLISS: Yeah. The American people are yelling, but what's--you know, everyone is making speeches.

MR. MILLER: Again, I don't know the particulars of the information. If you'll provide it to me, we will be glad to look at it, and I thank you for your service, and I am sorry that you and many thousands of veterans across this country have to fight these fights everyday.

MR. SLISS: But to throw out VA files and

to degrade 25 C&Ps.

MR. MILLER: Make sure he gets a microphone when the Secretary is here, Admiral.

[Laughter.]

MR. MILLER: All right. Thank you.

[Applause.]

LT. GEN. FARRELL: Thank you, Mr. Chairman. We really appreciate your remarks, and I think it's especially on point that you observe that we have many years of work ahead of us, not only the Veterans Administration but the communities and the families as we move forward taking care of our wounded heroes.

And we also know that you've got a lot of business in the Congress so we appreciate your time here this morning.

Well, moving on, I'd like to introduce the first panel this morning. The first panel is going to provide an opportunity for wounded servicemembers and their family caregivers to share their diverse experiences, their challenges, their triumphs during their journey from injury to

recovery, to transition, and to provide all of us with a glimpse of how they're doing today.

Moderating the panel will be Alex Quade. Ms. Quade is a freelance war reporter who covers U.S. Special Operations Forces on combat missions. She is a recipient of numerous prestigious awards for her reportage in the wars, including the Congressional Medal of Honor Society's "Tex McCrary Award for Excellence in Journalism."

And I believe we have a short video about Alex Quade and her work. Could we do that now?

[Video presentation.]

MS. QUADE: Good morning.

[Applause.]

MS. QUADE: Thank you, Military Officers Association of America, MOAA, and the National Defense Industrial Association, NDIA, for bringing us together in this room for this Warrior-Family Symposium.

We have a chance today to salute our heroes and their families, the challenges they've overcome, and what we as a nation need to do to

move forward. Telling stories is an important part of war, but it's an important part of healing too.

My job as a war reporter is to tell stories, but telling stories shouldn't end just because the news cameras are off and our troops and their families no longer make the front pages of our daily newspapers.

Storytelling happens outside the Beltway around dinner tables. A story that I'm often told or asked to tell is about this thing around my neck. Now when I'm in a room like this full of a community of warriors and their families, the question I'm usually asked is "where did you get that?" But when I'm outside a military environment, the civilians, my friends, my neighbors, they ask me "what is that?" They have no context. They think this piece of shrapnel is a piece of jewelry.

This seemingly simple, simple difference between that question of "where did you get that" versus "what is that" shows the difference between our military culture and our civilian culture and

why bridging that gap in understanding is so important in our healing process.

This piece of shrapnel reminds me why it's so important to keep telling the stories of our veterans long after they've come home. That video introduction that you just saw of the early years of Iraq and Afghanistan reminds us just how far we have come.

When I did that very first one-hour TV special on CNN on wounded warriors and their families, at that time, the story was about getting them to survive, getting them through the golden hour. It was about following soldiers and Marines like Lieutenant Colonel Tim Maxwell, whom you'll meet later today.

It was about resourceful medics and corpsmen getting people like Tim Maxwell to survive that very, very crucial golden hour and through every echelon of care back home.

Now, as a reporter, I have learned from these amazing military members and their families things that I wish that I had known during my very

first war zone experience. I was a newlywed, and my then husband also worked in the news business, and he was wounded in a blast in Sarajevo. I had to go over and help medevac him out and take care of him, become his caregiver through two years of surgeries and recovery, through financial and job issues.

Nobody around me understood. Nobody around understood what we were going through, what it meant to be a caregiver. I was alone. That experience long before 9/11 helped me understand in a very small way just what our wounded warriors and their families have been going through in this past decade, which hopefully I've managed to try, try to share a little bit in my stories.

That experience also made me realize how important it is to continue having this discussion so that we can close this gap in understanding between our military and civilian cultures. As a reporter, telling the stories of our wounded warriors overcoming odds, it's a very powerful thing.

But it's just as important to tell the stories of warriors to help everyday Americans understand what their troops are going through downrange and how difficult that transition can be reintegrating back into the civilian world.

I learned a little bit about that in Afghanistan five years ago during a huge air assault into Helmand Province that involved the Parachute Infantry Regiment and U.S. Army Special Forces A Teams, and for all you civilians out there just picture that scene from Apocalypse Now, you know the helicopters, "chew-chew, chew-chew," Robert Duvall, and Ride of the Valkyries music, but like everyone in this room here knows, war is not a Hollywood movie.

One of the Chinook helicopters was shot down by a Taliban surface-to-air missile killing everyone on board. You may have heard a little bit about it from Wikileaks.

I knew because I was there. What you don't know is I was supposed to be on the Chinook but changed seats at the very last minute with

military public affairs officers who lost their lives. What you don't know is that the seven-man platoon on the ground trying to secure that crash site, that flaming helicopter, was under extreme Taliban fire. They were outmanned and outgunned.

What you don't know is that platoon sergeant was ordered back over the radio to go back into that flaming helicopter to recount the bodies because somewhere in this fog of war they thought that I, the reporter, was still on that Chinook and not on another one. What you don't know is that the Apache pilot who was overhead, he got shot up and was almost out of fuel trying to watch over that platoon sergeant who had to go back in to recount those bodies.

That was five years ago on Memorial Day. The Apache pilot is now overcoming Post Traumatic Stress, and that platoon sergeant, he is back in Afghanistan right now serving.

In going through an experience like that, I learned about survivor's guilt and that telling these stories is an important part of healing, and

warriors, like you'll meet today, warriors telling their own stories is part of their healing as well as part of our nation's healing.

As simple as it may sound, standing up here in front of you all today is not something that I'm doing for you. It's something that I'm doing for me because it's important for me personally to also understand and put this into context in my life, but I can actually do that because I am with you here in an audience of military supporters and family members who actually understand what this story means.

And that's why it's so important that we together collectively work to make broader society understand these kind of stories, what it means to be a warrior. By letting them know what it means to be a warrior, we are doing a lot to help our wounded warriors and their families as we keep moving ahead, which is why we are going to hear from some amazing and extraordinary individuals today in videos and in their own words.

We have a panel that I'm about to

introduce here. First up will be retired U.S. Navy Corpsman Derek McGinnis who now works for the Veterans Administration.

Next is Captain Alvin Shell, Jr., U.S. Army (Ret), who now works for the Department of Homeland Security. And his wife and caregiver, Danielle Shell.

We'll also see a video of retired Marine Lieutenant Colonel Tim Maxwell and his wife Shannon, who are with the SemperMax organization.

Their stories now in their own words.

[Transcription of video presentation as follows:]

HM2 MCGINNIS: I joined in 1996. Being in the service during witnessing the September 11th attack, it was really emotional toll and to see how the military and the base reacted, and that led, of course, into my service in Iraq.

I was the A driver, or the front seat passenger, of my ambulance. We were en route to go lend aid to the injured Marines and servicemembers that were exposed to a blast injury themselves, but

the enemy who had explosives in his vehicle decided to drive his vehicle into our ambulance. I sustained a Traumatic Brain Injury. I had a left bleed in my parietal lobe, and so I had some shrapnel injuries to my eye. I lost my leg above the knee as well as various other shrapnel injuries throughout my body. I had a collapsed lung.

From that point on, I was medevaced out of the location of Iraq to Germany. Then medevaced me back to Bethesda Naval Hospital. They found it best to send me to VA Palo Alto, learning how to speak, learning how to eat. I was reinvigorated or continued to be motivated by the birth of my son and wanting to be a dad for him.

So in that journey, it took us to Brooke Army Medical Center in San Antonio, Texas. Reflecting on the new me, trying to find out who that was, what does this individual who has these experiences, these injuries, and maybe if I choose to accept them, these cognitive deficits, who is this new person? Can I cope with that? Can I accept that?

I was authorized by the Navy to go volunteer at the local Veterans Administration to develop some I'm going to call them knowledge, skills and abilities, to potentially, maybe, by some chance, work out where I could get a job serving veterans in a nature that I understand.

I had an individual Vietnam combat veteran that was willing to give me an opportunity to volunteer in a local Vet Center. I was blessed to earn the current position I have today serving veterans. In my journey I harbored a lot of anger and hatred and frustration. I looked at an anger fuel to prove them wrong, to go run in Washington, D.C., to do whatever I had to do.

But once all those accomplishments and goals were met, it didn't get rid of the anger, and so for me what happened was is I started looking at the people that were there--tactfully at times. I needed them, like the provider that listened to me in San Antonio, Texas, the nurse that saved my life on the bird, the fellow Vietnam veteran that gave me an opportunity to have a job, the fellow Vietnam

veteran in the community that would ride my bike with me in the morning as I was training.

So I've chosen to look at things instead of being angry about them, to be grateful for them, and it's really helped, and it's a concept that I talk about more recently, and I try to explore with some of the veterans I serve, planting seeds in it, called Post Traumatic Growth. If I didn't live, I'd be not here, my son would not have me for a father, and my two other younger boys would not be alive today, and I hope that I may just be a guy who served in the military, was blessed to live through that experience.

I might be able to teach my kids something. I hope I do. I hope I teach them resilience. I hope my experiences will teach them that they can do anything, and I hope I left a legacy.

[End of video presentation transcription.]

[Applause.]

HM2 MCGINNIS: Thank you for that introduction, Alex, appreciate that.

I'm grateful, as you heard in the video. I'm grateful for so many things. I'm grateful to be here today to be able to speak to you to maybe explore some thoughts that I may lend to this audience.

I'm here today as a product of the military, the Marine Corps, the VA, community services, veterans, and non-profit partnerships.

If it wasn't for all these systems coming together to be able to save and preserve my life, I wouldn't be here, and for that I'm always grateful.

I want to talk a little bit on adding on to this video about these experiences. The journey coming from there in November 2004 to today was not all the easiest experience in the journey, between losing a leg, the brain injury, the eye injury, and the other injuries. It was very difficult to cope with.

But as I said in the video, what I look forward to and what I do like to do is I reflect on the people that were there when the moments I needed them. And I'd like to share that with you.

I recall a time when I was sitting in Walter Reed in a wheelchair, injuries, coping with these different things, and I was blessed, and a person from the Injured Marine Semper Fi Fund came up to me and looked at me, didn't see all the injuries, didn't see all the disabilities, and asked me will you run? Will you run the Marine Corps Marathon?

And that planted a seed so deep with inside me. It was the first person who didn't see me as disabled or injured. Saw through all those injuries, through everything else. Up to that point, I was told I would be taken care of, and I'm grateful for that. You'll be okay. I wanted more. I wanted achievement. And that was the first person that planted a seed, and I'll never forget that.

The next person I would think of is I had the pleasure of meeting with Lieutenant Kelly Bowman. Later on she was instrumental in saving my life, I learned, on the bird, as I alluded to. She chose to keep a medication without the full

concentration of anything that she knew she could do. At that moment in time, she saved my life, and for that I'll always be grateful. I reflect on her.

As I talked about in the video, I reflect on the Marine that gave me an opportunity, the Marines that gave me the opportunity to continue to check in on me, to listen to me, to be there for my family. I also would think of our veterans. I learned from them. I saw what they did. I saw how did they come home from their experiences, how did they adapt, and how can I learn from them, and I listened, and I learned from a Vietnam fellow combat veteran who embraced me in the community and allowed me to listen.

Connecting with fellow other veterans, part of the Team Semper Fi, gave me a unit integrity model that we all got it and we could for there, we can go together. We had a mission and a purpose together to rehabilitation and continue on with our goals.

Taking advantage of other opportunities of

education and school. Got out of the service, and I had the opportunity to use the GI Bill and earn my first master's, and now I'm privileged to serve my fellow veterans in planting seeds of Post Traumatic Growth I speak about, which isn't the absence of pain or the experience, but it's the way to grow and growth from that, which again lends to gratefulness.

As I said in the video, if I never had gone through those experiences, I wouldn't know how much it means to play with my boys, to teach them fundamentals, things I believe in, to teach them camping and hiking and America. I wouldn't have known being on the brink of death and those combat experiences how important fundamentals and family are.

In the future, I look forward to explore other resources as I'm attending another master's that I've been grateful for to receive under the GI Bill as well. As I move forward, I look forward to continue serving veterans, planting seeds to help them cope with their experiences, and I hope the

members in this audience can learn the importance of planting those seeds in the policies and their leadership, and as the Chairman stated earlier, I hope you take our stories and our journeys and our experiences as a place to gain hope for other veterans coming home.

Thank you, Alex.

[Applause.]

[Transcription of video presentation as follows:

CPT SHELL: The mission itself in Iraq was initially tough because I'd left home when my third son, just about right after he had been born. I felt very guilty about leaving my wife with three young children.

It just so happened that I was the duty officer for the following day, but there was another officer, another lieutenant that was there, and she got the days mixed up, and I'll never forget it. She said I didn't know there was a 31st day in August. I had no idea that I had to go out tonight. I said, sure, I'd love to go out at

night. I went out that night, and we saw a convoy coming down the road.

I was in the vehicle with Sergeant Spaid, and he said, hey, LT, he was like watch this convoy coming up the road. I was like what? You know, what do you got? He said I just got a feeling. I got a feeling something is going to happen, and sure enough, a IED went off and hit one of the 18-wheelers.

So as we set up a perimeter around that truck and had hooked up that wench to the truck, all of a sudden, someone launched an RPG. But when the IED initially went off, it just shredded the gas tank of that 18-wheeler so the entire time gasoline was pouring down the road, just guzzling out, and when the RPG hit the truck, it ignited the entire road and everything was on fire, trucks, personnel, everything was just burning.

Sergeant Spaid was totally engulfed in flames right in the middle of it. I remember him yelling and screaming for help, and I ran through the gasoline, through the fire, and I got to

Sergeant Spaid, and when I turned around, I noticed a wall of fire. As I ran through the fire, then I got caught on fire. I guess from rolling him around on the ground and running through the gasoline, I had become soaked with the gasoline. I was engulfed in flames in my right side, and I just burned.

I thought initially my clothes were on fire, and I realized that it was my skin that was on fire. I continued trying to put myself out. Finally I went back to the ditch that I originated from, and I jumped down into the ditch and just kind of buried myself down into the ditch.

The medic there was in such shock by seeing us pretty much smoldering, smoking in the middle of the road, that he couldn't even call out the 9-line medevac. So I said, hey, look, we're only about two miles out. So let's just get in our vehicles.

So we drove two miles back. I went into their cache, and they began treatment on me. They put me in a medically-induced coma, and then they

flew me to San Antonio to Brooke Army Medical Center. I remember waking up and my wife and my father were there in the room with me. I had been burned about 30 something percent, maybe 33, 35 percent of my body, mostly on the right side, full thickness burns, but third-degree burns, some of them down to the bone. Skin grafts, multiple skin grafts.

The other physical therapy that was just absolutely excruciating. If you had asked me then, I would have told you no, I'm not going to fully recover. I'm never going to get, you know, a full-time job. I won't be able to support my family. I just didn't think so. I thought that the pain was too severe. The burns were too severe. The road ahead of me was just, it was too difficult.

I will tell you the unemployment process that I went through was probably one of the saddest times in my life, the saddest time of my life. I don't even think me being hurt compared to the disappointment that I had with trying to find a job.

I filled out over a hundred, close to 200 applications. If you count the time from when I first sent in the first resume or application to when I actually got accepted, it was probably really close to a year. For me, if I would have never gotten this job--if I didn't have the family structure that I had, where would I be? I'm just not sure. And I'm just one voice. So if you hear me, times mine by a couple thousand, and you'll get what the climate is for the injured soldiers in America.

[End of video presentation transcription.]

[Applause.]

CPT SHELL: Well, thank you. Thank you for inviting my wife and I here. When I first heard about this, and I first got the invitation, I wanted to make sure that I was as genuine as possible, and I said, you know, I don't want to write anything. I want it to be impromptu. I want to speak from my heart. But when I woke up this morning, I realized that impromptu and speaking from the heart equated to being unprepared in my

mind.

[Laughter.]

CPT SHELL: So forgive me if I look down at my notes from time to time as I was writing this morning when I was at work.

Looking at that video and just kind of going back in my mind, the series of events that happened, I just, you know, I think at this point in my life, I equate everything to the very first step that I took, you know, after the coma, after ICU, after being in that little compressed bubble that I was in for quite some time, and I approach life that way.

And just last weekend, I completed a triathlon in California, and as I was trying to figure out how do I do that--

[Applause.]

CPT SHELL: Thank you. As I was trying to figure out, you know, how would I complete it, how would I do that, you know, I just go back to the hospital, and I say, just like I did physical therapy, one step at a time.

Now for me, life hasn't been easy, but it has progressively gotten better. When I came up, woke up from the medically-induced coma, like I said in that video, father was there, mother was there, my wife was there, and, you know, I remember immediately everyone loving me, my wife looking at me like she did the first day that we got married, and she accepted what I was.

And I believe she accepted me before I accepted myself, and you know the road for me has progressively gotten better. I was fortunate enough to get a job with Homeland Security, and I did everything just like I've always done it, just one step at a time, and I've been fairly successful at it, I would say.

So, you know, for me, you know, the struggle that I've gone through in the past couple years, as I said in the video, it just, it's times by thousands and thousands of veterans that we have out here, and, you know, I think to myself, you know, what would have, what would I have done if I didn't have that support structure that I had.

I couldn't talk when I got in my coma, but it just so happened my mom was a speech pathologist. When I doubted myself, my dad was there saying, you know, come on, let's do it. When I was having difficulties learning how to walk, you know, I just so happened to have a nine-month-old kid that was just learning how to walk, too. So it was my mission to beat him walking.

[Laughter.]

CPT SHELL: And I might have had to push him down a couple times and trip him--

[Laughter.]

CPT SHELL: --but I beat him. I will tell you that. I beat him. But when I think, you know, what would I have done if I didn't have those people in my life, you know, I got to say I'm glad to say that I'll never know.

So for the other veterans out there, you know, who's going to be their support structure? Who's going to give these veterans a hand up and not a handout? Who's going to be there to support the family members and support the friends and the

families that are supporting the veterans?

You know, how many members of Congress, how many job creators out there right now, are going to hold fast to the same commitment that you held fast to a couple of years ago when it comes to hiring veterans? When these doors close and this symposium ends, and moreover when all the veterans come back, how many of you are going to hold fast to your commitments to veterans?

You just don't forget the commitment that all servicemembers have made to this country, and let's be honest, you know, patriotism doesn't start and stop with the military. You know, it's extended to our family members, to our friends, to ambassadors and the people that protect them.

We have an obligation to serve those who serve this country, and this is one thing I definitely wrote down because I love this quote, as I love many quotes from President Roosevelt. He said, "A man who is good enough to shed his blood for his country is good enough to be given a square deal afterwards. More than that, no man is

entitled, and less than that, no man shall have."

So I say that, and by saying, I guess, really where I started my path in that first very difficult step, and the days that progressively got better after, for everyone that are here that are hiring managers, for everyone who is here who has made commitments to veterans and making the lives of veterans better, the road is not going to be easy, but as long as you invest in us and trust us, the people who serve this country, it will get better.

[Applause.]

MRS. SHELL: How do I follow that? You got me crying. I guess my role here is just to talk about my journey as a caregiver. So really when he first got hurt, it really was kind of confusing. You know, we had an eight-year-old, we had a six-year-old, we had an eight-month-old, and so growing up as an Army brat, it never prepared me for that. So I went to my mom, and she was retired, you know, Army sergeant, and she said, well, you know, just don't focus on what you've

lost, just kind of mourn that--excuse me--and then just kind of move on.

I know it's kind of strange to say that. Just move on. But that was it. I had to refocus because you know as a spouse, you know what--you kind of have an idea what the career path is going to be. Excuse me. You know, he was a captain, he was "hooah." We knew where we were going to go, so we thought, and--excuse me--now all of that changed.

So then what was my job now, you know? So what I tried to do was just find a lesson in it if, you know, that makes sense. So really it was, I think the lesson in the tragedy was that we appreciate ourselves. We appreciate each other. I appreciated him. He appreciated me, the boys as a family, because it was so close to being all gone. So we went from, as I said, young kids, two years of surgeries. For awhile, he didn't even live with us. We moved back to Fort Bragg. He was still at Fort Sam back and forth from surgeries. Like I said over two years, he had about 30 surgeries.

CPT SHELL: A little bit more.

MRS. SHELL: Yeah, yeah. So it was pretty tough. But in the process, my job, my new job was to still try to keep the family together, you know, make the kids feel more, I guess the older kids because they had seen daddy before and now they see daddy now, and with my youngest, it's all he knew. So it really wasn't a big change for him.

But for our older boys, it was really to-- I'm sorry--to kind of keep the vision for daddy. You know daddy is hurt, but daddy is not broken. And my job was to help him do the everyday trials without having him feel helpless.

CPT SHELL: And really taking control of the household, every bit of it. I still haven't gotten it back so--

[Laughter.]

MRS. SHELL: You won't.

[Laughter.]

CPT SHELL: But absolutely running the house absent--from top to bottom. Not only taking care of an infant, but also taking care of, at the

time, I could only move my left arm when I woke up. That was it. So taking care of two boys in school who maintained honor roll.

CPT SHELL: Yeah. Our oldest has a 3.9 right now. He's about to go--he's about to graduate. He's a senior.

CPT SHELL: Yeah, Jesus.

[Applause.]

MRS. SHELL: Cornell.

[Applause.]

CPT SHELL: But keeping all of that together, you know, keeping all that together and not just doing it, but doing it well, I think it speaks volumes to how strong the crutch was that I had that most people just don't have. I'm sorry.

MRS. SHELL: No, that's fine.

CPT SHELL: But it speaks volumes about, you know, the support structure that's needed, and sometimes the support structure that is not there. I think this country definitely got it right after Vietnam, and it's--the tragedy is the support that we have now, the Vietnam vets and the veterans

before that just didn't have. And that's an absolute tragedy, an absolute tragedy that the politics wasn't ripped away at that point, and I think saluting those veterans, saying that this will never happen again has given us an opportunity that a lot of people haven't had.

You ask my father who served during the time of Vietnam what he did with his uniform after he left service? He doesn't even know where his uniform is, and he took it off before he got on the airport. There was no one there to shake his hand or clap or say thank you for your service. I don't think he's ever heard that ever uttered to him, and, you know, it's just something that was a tragedy then and something that we got right this time, and I thank the country and the citizens and those prior vets that came before us for that. I really do.

MRS. SHELL: That's okay.

CPT SHELL: Do you have anything else?

CPT SHELL: I don't think so.

[Applause.]

[Video presentation transcription as follows:]

LT COL MAXWELL: So in like '75, the war in Vietnam was ending, and I said to my mom, I'm joining the Marines, and I planned to do that from the time I was about ten. My military occupational specialty is 0302, infantry officer. That's my birthday, March 2--0302. So I always say I was born to be a Marine.

MRS. MAXWELL: When I first met Tim in college at Texas A&M in a bar called the Dixie Chicken, he was, he seemed to have a very strong personality.

LT COL MAXWELL: My call sign has always been "Mad Max" because I was always mad anyway. Max was my last name and mad is what I always am so people just called me Mad Max.

MRS. MAXWELL: His deployments before his injuries were varied. The first, the very first deployment, we had just been newly married. The last deployment, we certainly had a number of years of experience. It had been the sixth deployment.

The kids were a little bit older. They were at an age where they understood a little bit more so it was more difficult for them.

LT COL MAXWELL: We flew over to, directly to Kuwait, and from Kuwait, we launched up to a place called Kalsu, about 30 miles south of Baghdad. I was, just been promoted to lieutenant colonel. I'm an operations officer, what we call Ops, so, and my job there being operations officer was we were not prepared for that.

Our staff was very small. No armored vehicles. We needed to get vehicles. We needed to get--we had no machine guns for defense. We had none so we needed to get some of those. We needed, we had no night vision devices. There was no concrete. There was no security on this base camp we were on so we got mortared all the time, two, three, four times a week. A very small staff of about six guys at a time for 24 hours a day, seven days a week, and it was pretty intense.

So I said my little prayer to God, said if I could just wait, if I could make it three months

because in three months I knew things were going to change. We were going to have concrete building on that. I was hit three months and seven days later. I remember the day. It was, we had just opened a new office space with concrete top, bottom, side, totally safe, no mortar could punch through this thing.

And I had just moved to a new tent. So I'm swinging by the new tent. My tasker for myself to take a power nap. After taking a lunch, I take a power nap so I can wake up and be more energetic. I took off my flak and helmet, left on my clothes and boots and everything. The first one hit me. If the first one hadn't hit me, I would have first thing is put on my flak and helmet. It was the first round of an impact of probably 12, 15 rounds, I guess. I was up and walking when the mortars were still landing.

I remember walking outside the tent, and I remember falling down. Then I woke up about ten days later.

MRS. MAXWELL: I received a phone call

about six o'clock in the morning from his commanding officer letting me know that he had been hurt, and I think that call was unexpected. In all of our predeployment preparations, I think we had planned for the worst case scenario. We had never planned for injuries. So I didn't know what to expect, and I flew to Landstuhl.

The bus pulled in, and I watched as men were being evacuated off the bus on stretchers, and there was one, one that was ambulatory, and I waited for Tim to come off and saw him. It was an immense mixture of feelings. It was relief, and it broke my heart to see him that vulnerable and that wounded.

LT COL MAXWELL: From Baghdad, I flew to Germany, and from Germany, I flew to Bethesda. I don't remember none of that. Then I remember waking up a little bit when the doctor was looking in my eyes, not much. That's kind of when I knew. As I recall, that's kind of when I knew something bad had happened. Basically I was handicapped. I couldn't talk at all, which I have no skull on this

side. I have shrapnel everywhere. My brain has just been blown up, and it didn't--they didn't even have a helmet for me.

When I got to Richmond VA, they didn't--they also didn't have one so they gave me a football helmet. The Richmond VA was supposed to be a topnotch TBI center. It wasn't back then. It is now, but back then it was a torture shop. So I sat in my bed crying for two hours. First time I remember crying, two hours sobbing, what am I doing here? Pretty tough. Tough times. You know, you don't need more tough times. You got enough tough things happen like Tim might die. He didn't die.

He might never talk again. Well, he's talking. He'll never walk again. He's walking. It's a battle, and you add that to the fact they sent you to a hospital because they choose it. You don't want to affect your wife and kids. Pretty weak. I mean it's a battle. It's a hell of a battle.

MRS. MAXWELL: The recovery process is long and it's challenging, but there are huge rays

of hope interspersed within the recovery so you grasp on to those.

LT COL MAXWELL: General Amos, who is currently the Commandant of the Marine Corps, back then, General Amos started asking me to go with him and visit one of the guys. So as I continued to do my training at Wilmington, I started finding something to do. He gave me the mission to visit one of the guys.

MRS. MAXWELL: As soon as Tim could get into a wheelchair, he was wanting to go visit with other wounded. His leadership was amazing. It was still intact, and it was, it was contagious. SemperMax evolved out of the legacy that was established with the Wounded Warrior Barracks, and that was the idea of togetherness, team healing.

LT COL MAXWELL: We're trying to recreate the barracks, but mobile. Once they come there, surrounding in, not in a shopping center, you know, down in a quiet calm outdoors type of place, and they're surrounded by other guys who have seen combat, have their experiences, it's the best

medicine in the world, better than any kind of drug you can sell, and we have a hard time selling that. People don't get that.

Even if there is no physical injury, high percentage of veterans, war veterans come home from their deployment and they and their wife get a divorce. It happens all the time. So really you're just lucky that they hang with you if they do, which Shannon did. She's crazy to stay with me. She should have dumped me years ago.

MRS. MAXWELL: There have been times through the recovery where there have been emotional voids. There have been times where Tim and I both could have taken the easy way out, but it's, we made a commitment a long time ago, and I find that I--he takes my breath away. So today I can't imagine not being with this man.

[End of video presentation transcription.]

[Applause.]

MS. QUADE: Tim and Shannon Maxwell have come a long way since I was with Tim when he was injured, and on the bird and through every single

echelon of care back home and forced Ms. Shannon to go and do her first TV interview. They have come a long way, and so have our heroes and their families who are with us today.

Thank you to Derek McGinnis, Alvin and Danielle Shell, for inspiring us with your stories. They'll be here all day today so that you in the audience, that you can ask them your questions, and you can keep this dialogue going, help bridge that divide between our military and civilian communities.

I have a physical reminder hanging around my neck about how important it is to keep sharing these kinds of stories. This piece of shrapnel is from my mentor, the late Medal of Honor recipient Colonel Bob Howard, who was nominated for the Medal of Honor three times. He was a Special Forces Delta and Ranger legend, and before he passed away, Ranger Bob shoved this bloody nasty ziplocked baggie at my chest and said:

"You don't need no stinking awards. This will keep you motivated. It's real NVA shrapnel

from the prone position, fired at 300 meters. They kept it in my head, clamped the artery so I wouldn't bleed to death, and I've had it in there for 42 years. It's been giving me a headache for 42 years. They took it out of my frontal lobe two weeks ago, and it's been messing with my equilibrium ever since."

Ranger Bob, he lived with this physical headache for 42 years until he finally got it out of his head. We have troops with all types of shrapnel in their heads, post traumatic stress. Anyone who goes to war comes back with a souvenir.

It takes talking, societal discourse, and discussions in rooms like this to continue this kind of healing. Before he died, Ranger Bob, he told me to continue the mission of telling the stories of our troops so that their families will understand what they are going through, and so that America doesn't forget.

We as a nation and our military, we have come a long way from those early days in Iraq and Afghanistan with our wounded warriors just trying

to get them to survive that golden hour, but just because it's not on the nightly news, that doesn't mean that we don't have a lot more as a country to still accomplish to take care of our returning veterans and their families in the decades ahead.

As Ranger Bob said, continue the mission, and that is something that MOAA and NDIA are doing an important part. They're continuing the mission in keeping this dialogue open and going.

Thank you to each of you in this room for your service and your family's service, and most importantly thank you to our troops who are serving downrange right now.

[Applause.]

VADM RYAN: If anybody deserves a second standing ovation, it is this team, and Alex, Derek, Alvin, Danielle, and you'll see Tim and Shannon this afternoon. These are our real American heroes.

This is why we have these sessions. We are so grateful that all of you are here. Please come up and chat with all of our heroes. We're

going to take a 15 minute break, and I'd ask you to be back in your seats for the second panel.

Another round of applause for our heroes.

[Applause.]

[Whereupon, a short break was taken.]

LT. GEN. FARRELL: Ladies and gentlemen, could we take our seats please so we could get moving here? Thank you.

Okay, ladies and gentlemen, what an inspirational panel we had, the first panel, just magnificent, and we're really looking forward to our second panel.

Before I introduce the panel and the moderators, I wanted to make an offer to people in the audience here. The National Defense Industrial Association has discovered a program which was developed by the Pacific Institute in Washington State, and it's called "Discovering the Power in Me."

It was specifically developed. It's a training and educational program, specifically developed for veterans who are making the

transition back from this wounded status back to the normal mainstream. It's a wonderful program.

NDIA is underwriting the delivery of this, and "Discovering the Power of Me" will be given at NDIA on the 19th and 20th of this month, next week, and so I'm inviting anybody who may be interested in perhaps attending that two-day seminar, and it's designed for caregivers and veterans, but the caregivers now, so that we can spread this thing around.

Anyway, I make that offer to you so if you're interested, you can get in touch with me. Give me an e-mail, and I'll put you in touch with the facilitator who is also donating their time for this.

So on to the next panel. The next panel is going to discuss transitions and new beginnings. The panel members here are going to discuss their transition experiences in recent years, the expectations they have, and how they have survived and thrived during this process.

So to lead the discussion, we have two co-

moderators. The first moderator, Derek Donovan, Colonel, United States Marine Corps (Ret). He's the Vice President of Fisher House Foundation. Colonel Donovan joined the foundation in 2007, following 26 years of active duty in the United States Marines. Thank you for your service, sir.

He's a helicopter pilot, and his last assignment was with the President's Commission for the Care of America's Returning Wounded Warriors. He also has extensive operational experience around the world, having served also as the first Marine selected as aide-de-camp of the Secretary of the Navy. That must have been a significant emotional experience for the Secretary.

[Laughter.]

LT. GEN. FARRELL: And he's provided presidential helicopter mission support as the Commanding Officer of the Marine Corps Air Facility at Quantico.

His wife Kathryn is an Active Duty Captain, United States Navy, currently serving as the Commodore of the 22nd Naval Construction

Battalion 74, and their son Morris is stationed in Fort Carson, Colorado.

Thank you, sir, for leading this.

The second co-moderator is Master Sergeant William "Spanky" Gibson, Jr., sitting here, Marine Corps (Ret). He enlisted in the Marine Corps May 29, 1989. He deployed in Operation Desert Storm/Desert Shield, Operation Sea Angel in Bangladesh, Operation Restore Hope, Somalia, '92-93, and upon his return from Somalia, Lance Corporal Gibson was released from the Marine Corps and returned to Oklahoma to attend Rogers State University.

Then he returned to the Marines in 1995 and was designated as a Marine Artillery Scout Observer.

Gunnery Sergeant Gibson deployed as a JTAC with the 1st Brigade Platoon in January of 2006. He was assigned as a Direct Support JTAC to the 1st Iraqi Army Brigade, 1st Iraqi Army Division in Ramadi.

On May 16, 2006, while on a foot patrol, Gunnery Sergeant Gibson was shot through the left

knee during a firefight. His wounds required his left leg to be amputated just above the knee. While rehabilitating at Brooke Army Medical Center in San Antonio, he started training and competing in triathalons, and this is the second veteran that has mentioned triathalons so you guys are my heroes because I've been wanting to do one of those.

[Applause.]

LT. GEN. FARRELL: I'm not quite as ready as you are to do it so maybe I can get some tips on how to get ready for it.

In January 2008, Master Sergeant Gibson deployed to Iraq and was the first above-the-knee amputee to return to ground combat area of operations. Magnificent.

Later that same year, Master Sergeant Gibson was selected to become one of the first two Enlisted Congressional Fellows to Congress. That same year "Spanky" was also nominated as one of ten most inspiration people of the year along with Paul Newman, Steven Curtis Chapman, and Christina Applegate. He was also personally honored by

President George W. Bush.

"Spanky" retired from the Marines on August 5, 2011. Please join me in welcoming the "Fireside Chat: Transitions and New Beginnings - Linking Alliances to Evolving Needs" Panel.

[Applause.]

MR. DONOVAN: Well, thank you, everybody. Thank you, General Farrell, thanks for what NDIA is doing, and Admiral Ryan, always a pleasure to see Admiral Abbot. Thanks for what MOAA does advocating for military families.

I realize that as a Marine, Navy spouse, Blue Star dad, and with Fisher House Foundation, I'm probably in a position to have a unique and somewhat passionate perspective on warrior-family issues, and I do. So get that out there.

And I was fortunate to be able to serve on President Bush's Commission on the Care for America's Returning Wounded Warriors, also known as the Dole-Shalala Commission, named after the commissioners who co-chaired that commission.

One of the first things we did when that

commission stood up was we wanted to look back at all the previous commissions and all the different executive groups and the boards that had been formed dating back to World War II when the Bradley Commission was formed, and General Omar Bradley decided he needed to look at how our wounded warriors were being treated after World War II.

And we looked at the results and the findings of all of these commissions after World War II, after the Korean War, after Vietnam and even up into the time when that commission was formed in 2007, and it was pretty startling to see that there was this continuum of repeat gripes, issues that came up continually every time somebody got together talking about wounded warriors, veterans, their families falling through the cracks, talking about caregivers not receiving the support that they needed.

It was also interesting that now five years after the Dole-Shalala Commission produced their recommendations, not all of those recommendations have been fully implemented, and

some of them have just been acted upon recently, and that's just too long. We can do better than that, and we want to do better than that.

In my role at Fisher House, I think I have also a unique opportunity where I get to work with a lot of different government agencies and non-government agencies. I get to work with nonprofits and for-profit companies that are all trying to help and serve our wounded warriors, our veterans and their families.

And so it's a little interesting that, and I think it's fair to say, we still find that there are stovepipes and that there are turf battles that are still out there that inhibit providing the best care and services to our warriors and their families.

But I am often comforted by the fact that in all those organizations, and within the government, within the nonprofits, and even with the other non-government agencies, there is a level of passion and dedication and energy and hard work that is shared across the board, and so it often

strikes me (a) is it frustrating, yes, but it makes me optimistic that if we've all got the same objective and we're all pulling in that same direction, that we can do better with these things, and that some of the problems can be solved.

Today we have a very distinguished group of panelists. We're very excited to hear what they have to say. I think that we will hear about some things that worked well, and I think it's also important that we hear about things that perhaps didn't work as well for everybody.

For me personally, I kind of like to focus on the positive, and I would like everybody to think about those positive things that come up because I think oftentimes it's just as important, if not more important, to reinforce success as it is to go ahead and struggle and battle against those things that we're not quite doing as well.

We're also going to have two very distinguished individuals with us. We've got the Deputy Assistant Secretary of Defense for Wounded Warrior and Transition Policies, Secretary, the

Honorable Secretary John Campbell. Sir, it's great to see you here. It's great to have you. Thanks for everything that you do.

We've also got Colonel Karen Malebranche, who is the Executive Director of the Office for Interagency at the Health Affairs with the VA. Karen, thanks for what you're trying to do and what you do everyday, and it's great to have you here.

I just want to finish up with another endorsement on one of my favorite Marines, "Spanky" Gibson. A lot of people throw the word "hero" around in a lot of different contexts. Being a Marine, losing a limb in combat kind of makes him a hero, but for me when you have a Marine who a few months after he had his prosthetic fixed on his leg, he's running road races, and then two years later, he's back in ground combat operations in Iraq, to me was just amazing, and it wasn't something that he did to make a statement or to set a precedent so the Marine Corps wanted to just send him back out.

He did it because he could, and knowing a

little something about the Marine Corps, we don't send people into combat operations unless they're capable of doing them. So not just a survivor story with "Spanky" Gibson but a thriver story.

[Applause.]

MR. DONOVAN: And the last and latest reason he's one of my heroes is he was in Iraq in June-July timeframe doing a motivational trip, visiting the troops in Afghanistan, and he gave my wife a hug and a kiss on behalf of me. She was deployed at the same time. So, "Spanky," thank you very much. It's good to see you.

MSGT GIBSON: Yes, sir. And it was a great opportunity. One, thank you for inviting me here. I'm glad to get back into D.C. after a year from retirement and running away from this place like it had the plague. It's great to come back and see a lot of, a lot of very familiar faces, a lot of people I worked with here during my fellowship and post-fellowship.

You know, for me, the recovery part, the bio was already given so we know my story. Half

the time it's more, less about me and more about how did you get the name "Spanky"?

Second part, you know, Derek, Doc McGinnis said it on the first panel, when I first got injured, I was a gunny. I was a gunny 17 years in the Marine Corps. I was 35 years of age. I got shot. It was a battlefield amputation so it was amputated at a combat surgical hospital in Taqaddum. And there was that "holy crap," you know, you've given a majority of your adult life to this opportunity being a Marine, and then am I going to have to get out? I don't want to get out.

But, again, who gives a large majority of their time to anything, and then has it abruptly pulled out from under them. So this new thing that was--the current Commandant of the Marine Corps at the time, General Hagee, had proposed was Permanent Limited Duty Program. You had the Continue on Active Duty, COAD, for the Army. You had PLD program for the Marine Corps. The Air Force and the Navy were kind of balancing what determination, what they wanted to do. So that was the first

thing.

The second thing was, okay, I have these ladies coming into my room, and my 30 days at Bethesda, and at the time my wife, I had a two-year old daughter, and all my family. I woke up in the hospital bed. I was shot on May 16. May 19, I was in Bethesda. So it was pretty abrupt, pretty quick. I wake up. There's my first wife, my ex-wife, my second wife, my mother, and I'm like, Lord, help me, I'm dead.

[Laughter.]

MSGT GIBSON: And I didn't even know it. So these ladies keep coming back through my room after that, and I'm like, okay, they're all wearing the same clothes. They've got their little pins saying "Injured Marines and Flakmen [ph]," and they're going, hey, you know, we're here to help you. We're here to help your family. We're here to make sure everybody--and that's why this point of hell that's in front of you is because of us. So I had something to blame, you know, blame the ladies.

And then shortly after that I went over to Walter Reed, and, you know, I'm amped up to start my amputee recovery. You know it's hard enough when you're 21 years old. When you're 35 and you're a senior staff NCO, you want to get back to the world as quickly as you can, and you want to prove that the capabilities as you've been normalized with or what people recognize you before your injury, you want to get back to that. Normality is what you want, right, after anything traumatic in your life.

So I get over, and I did five days inpatient, and as that five days, they were talking about, okay, you're going to start the recovery process, but you can't be an inpatient anymore, which I don't want to be anyway. And so we'll take this opportunity: you can go to the Mologne House; you can go to Fisher House.

Well, you can't go to Fisher House because Fisher House is full, and the only room that they have in Fisher House 3 at Walter Reed is a second story. It's on the second floor, and I'm like I

don't care. And my therapist came to me. It was a retired Army lieutenant colonel and said, well, "Spanky," you haven't even started doing anything yet. You're just on your crutches. Technically you should be in your wheelchair, but, you know, we just don't trust you being up and down those stairs however many times you do it in a day.

I was like, well, I'll scoot on my butt. I don't care. You know, I don't want to be in the Mologne House. I'd rather be in the Fisher House, and I got that opportunity. I got my crutches there on Ward 57, went into the emergency exit hallway, you know, the ladder wells, and I went up and down those things for like two hours, sweating profusely just to prove I can move into the Fisher House, which was a great opportunity.

I mean it was more family orientated for me and my young family, and then I decided to transfer. I transferred to San Antonio, Texas, where I met Derek McGinnis, and we started communicating with another guy from Walter Reed named John Szczepanowski. It was like you know

what--we got to pay those ladies back. And we started Team Semper Fi, what Derek talked about earlier and what was talked about in the racing I was doing.

And this led to the recovery process and the fact that when I talk about being a staff NCO and leading from the front, even if I'm the fat guy that's rolling downhill at a higher rate of speed than most people during the race, I'm still leading from the front; right.

[Laughter.]

MSGT GIBSON: So that had a lot to do with it, and we really--and I'll try and make this quick--but we really--the 12 of us did these races all over the nation to raise awareness, and it was multifaceted. It wasn't just to pay back for what was given to us. It was also to prove to people that all of us didn't do this for a blue parking pass in the Wal-Mart parking lot.

We did this because we love our country, and we did this because we want to share that freedom, and we want to let people around the room

understand no matter what our officers ahead of us do, we don't give a crap about that. We're going to take orders and we're going to drive forward.

So we started competing just to prove that we were not disabled. You know some of our brothers in arms and sisters in arms are. They don't have that opportunity. So we could share that message to help them, help ourselves and help military and the civilian communities.

Well, then, that started a new role for me, a new role in life, okay, I'm going to be able to stay. The first thing I asked General Conway when he was doing his road tour after he'd been selected to be our Commandant, he came out to San Antonio and me, Derek, and all the guys were sitting in the auditorium, all the Marines and corpsmen, and I waited till the very end.

I was in my "camies." Nobody knew I was an above-the-knee amputee. And I step up before General Conway, and I said, sir, are you going to keep the same program that General Hagee said he was going to do? He said yes, and like, well, I'm

going to be one of your firsts.

And then that just progressed at a Team Semper Fi event, did Escape from Alcatraz. That was a race, and I got out of the water, and General Mattis was there, General Gray was there, my commandant when I joined, and Colonel Clark Lethin, who was his Chief of Staff, said, wow, Spank, that's amazing. You came out of the water in, you know, 38 minutes, and anybody who knows Alcatraz, it's about a mile-and-a-half swim. It's a pretty good swim.

So I came out, and they said what can you do, and I was like, well, I never in my career, at that point, at 18 years, had ever used that trump card that officers like to give you and--or anybody in high prestige. And I said you know what, I'm going to act on this opportunity.

And I said, well, you know, looked at Colonel Lethin, Chief of Staff. That's who you really work. Not General Mattis. Work Clark, Colonel Lethin, and I said I'd like to go back and General is taking I MEF over; right? He said we're

leaving in January. How about we get this up to the Commandant for approval? And that started the ball. That's how I got back.

It really wasn't me, and it wasn't about me. It was about my recovery, and it was about the program. Marine Corps said we're going to let you stay. If they're going to let you stay, then my thing was if you can, then you go as far out there on that limb as you can, and we have to understand that responsibility to ourselves, that you're not going to put yourself in a position, and more importantly, your fellow Marines in a position, that you're going to get them injured.

So I knew my capabilities and limitations, and I jumped on it, and I acted, and then that led to the Congressional Fellowship. That led to there, and obviously that led, and you all listened to me for the last seven minutes.

So it's, you know, great opportunity and it's going to be great to hear the panel. It's going to be great to hear your questions. It's going to be wonderful to share our story because as

illuminated in the panel, the first panel, the more we tell our story, the more we share our stories, the more that we share our experiences, the better our recovery will, and the better that the people that might not want to communicate their feelings will feel more comfortable to step up and tell it.

And so it's wonderful to be here. Thank you.

[Applause.]

MSGT GIBSON: I don't need this. I can see their name tags. I'll start with Dr. Dixon.

DR. DIXON: I'm Tara Dixon. I'm in the United States Army Reserve. I served two tours over in Iraq, once during the surge and once in 2010. I am a Board certified surgeon and trained in trauma, critical care and burn surgery. I did part of my surgical training just up the road at Hopkins and then finished up at Southern Cal for the trauma and critical care fellowship.

Both my tours, being slightly younger than the average doctor in the Army and having a trauma, critical care and burn training, I was in a far

forward surgical team. So as I like to say, that was me and some guys in a tent, which was fine. We enjoyed a great relationship there working really hard to take care of our Coalition forces as well as our Iraqi allies and occasionally some civilians and a few bad guys.

But it was our job, we were the first line, and so some of these stories that you've already heard and that you're coming up hearing, that was, you know, my job, my task, to--and my privilege--to make those decisions at that moment who needs their leg amputated right away versus risking them bleeding to death out in the middle of the field, hours away from Baghdad and certainly from Germany or any what we would call real medicine?

But our medical forces in this war are phenomenal, and they're just incomparable to anything that we've ever done, and certainly better than anybody in the world, and I'm very proud of our service that we all did over there.

With that, there are some things that I

wasn't expecting that proved a challenge. I mean obviously you don't expect to necessarily--you know, I wasn't in the Green Zone. So we got bombed routinely, and it was, this is not a Geneva Convention war, and hopefully that's not going to upset political people up in here. But, you know, they would aim at the surgical team. They would be like that big Red Cross, that's where you aim. So we would have to take the big Red Cross off the top of the tent because they knew where to aim at.

Where our medevac helicopters were, that's where they knew to aim at because if they took out those medevac helicopters, we would be down. So we got bombed a lot, which I wasn't anticipating, but, you know, it happens. It was also different to have breakfast with a guy that a few hours later you're, you know, we're trying to repair a hole in his heart or liver, resecting bowel, that sort of thing.

That's different than what I do in the United States. Usually I don't know the people who get shot or stabbed or fall off a building. They

come to me, and they're complete strangers, and it is a little different to do it on somebody who is a comrade and a brother.

Also dealing with, there's some child abuse that went on at some of the bases that I was at. They knew that we have a soft spot for the locals, and so they could get some children on base to try to, try to either case the base or to bring in people strapped on with suicide bombs. So we would occasionally see these two-months old or two-years old brought to us with, either being dunked in boiling water or hands and feet burned, you know, and then that twists in your head.

You're like this, you know, this poor little kid was tortured because, you know, his daddy wanted to kill me, and, you know, so it kind of messes with your mind a little bit. There's a lot of military sexual trauma, unfortunately, green on green that goes on over there. That I was not expecting, anticipating.

So I did very well in serving over there, made it back in one piece physically. I had 100

percent save rate in both of my tours. I never lost a Coalition force.

[Applause.]

DR. DIXON: But the toll it took on me personally was more. PTSD takes many different forms, and part of it is the things that you've seen--the jumpiness at loud noises and things like that, and I had some of that. And I'm, a more debilitating form was I was obsessed that I was going to kill somebody. I became, you know, terrified that, you know, this guy that I was eating breakfast with, you know, I was going to make a mistake and he wasn't going to get to go home to his family.

And so I became very hypervigilant, would review everything over and over and over, and would stay up at night, couldn't sleep. That first tour, I lost, I was down to about 100 pounds. I ran about 70, 80 miles a week. That was my outlet. That was the only thing I could do to get through, was just keep working, keep working, keep working, and try to not go through everything, did I make a

mistake, should I have done this, should I have done that?

And that carried over when I came back to my civilian job, and--I apologize for all this crying--

[Laughter and applause.]

DR. DIXON: You know, some people might say it made me a better doctor when I came back because I continued to be that hypervigilant in my civilian job, but what, the toll it took on me personally, I couldn't sleep, I couldn't eat, you know, all I could do was check that computer for the labs that came up on the patients I was taking care of, reviewing the, you know, the surgeries that I had done, and, you know, could I have done this better? Could I have done that better?

And I didn't have any errors, but my physical health was deteriorating because of, you know, sort of my emotional health was shot, and so I ended up seeking help. I went through the Military One Source, you know. In the Reserves-- the other part is, you know, you get thrown back in

the civilian world, there's nobody out there who knows what you've talking about.

Like we're saying it's hard to describe to people in the civilian world what it's like over in Iraq and Afghanistan, and being in the Reserve, I didn't go back to a base; there was nobody to sit and talk to. I was in a city that didn't even have a base, the city I was--my civilian job--there's no base in that city at all. So there's no comrade to talk to.

There was no understanding. If I was in the, you know, parking lot of the grocery store and, you know, a helicopter flew over, you know, I would drop my groceries and look for where is the injured guy, which is fine, but a little embarrassing, you know.

[Laughter.]

DR. DIXON: You know, and what we like to talk about PTSD is that it's normal responses to abnormal situations. So I learned that the sound of a helicopter meant somebody was dying if I didn't get to that helicopter. So it wasn't that

I, you know, hear a sound of a helicopter and I'm afraid. We never--we're Americans. I was in Iraq. They couldn't hit us from above; right, you know, it was on the ground. We had the fire power in the air.

So, but those helicopters meant that I was needed, and so that instinct in me of I got to get to somebody right now, and, you know, I didn't know what to do with that, and my reactions were still abnormal for being in the civilian world, hearing a loud noise and hitting the ground, abnormal when you're at a fireworks display.

Not on a military base. You know if I'm at Fort Benning getting ready to deploy, and, you know, a car backfires, five out of the 50 of us might hit the ground, and everybody just goes, oh, sweet, when did you get back, you know?

[Laughter.]

DR. DIXON: I mean it's not a big deal. It's like whatever. But I was in the middle of a city with very few military people, and not one that's particularly known for loving the military

anyway, but, so I was very much an outcast and felt very much alone. And I reached out to Military One Source. And the first therapist who was kind enough to see me said I'll help you all I can, but I've never treated anybody with PTSD. I've never treated anybody from war.

So that didn't do very well. I was still getting worse. So I call the Military One Source, and they sent me to somebody else, and that person said, oh, I'm going to help you as much as I can, but I've never treated anybody with PTSD. I've never treated anybody before.

I called the Military One Source, and they put me with a coach. I'm talking to a coach on the phone, and then I got a private physician. I'm not working. I can't work at all, and so I've got a private, you know, therapist trying to help me through this PTSD, and it didn't, it didn't get better.

It seemed to just get worse, and I couldn't seem to get any help, and so about six months after I got back from my second tour in

Iraq, I tried to kill myself, and I ended up in the intensive care unit from an overdose of aspirin and Tylenol.

I'm one of two percent people in the United States that have an abnormal liver enzyme, and you cannot kill it. So there--

[Laughter.]

DR. DIXON: Don't try to poison me. It won't work.

[Laughter.]

DR. DIXON: When I woke up in that intensive care unit, I was very angry, very upset that that didn't happen. I felt lost. I felt hopeless. I couldn't get any better. I was an embarrassment to myself. I was an embarrassment to my family. [Pause while Dr. Dixon regains composure.] Now I was an embarrassment to the Army.

[Applause.]

DR. DIXON: So that's how I felt, and the kind nurses at the civilian hospital that I was at called--I was still in TRICARE at that time, and

they called, and I don't know who so I'm not trying to upset anybody because I didn't make these calls, but the nurses called TRICARE, and they called the VA apparently, and they told the story.

They said we have this girl with PTSD, she tried to kill herself, she's in ICU, we, you know, we thought we were going to have to, you know, give her a kidney transplant, but her kidneys have come back, and she's okay. And so she's going to be stable to go, but we need a place to send her, you know.

And they said, well, that's great. We have places to treat people with PTSD now. And they said good. And they said but she's a female; right? Yeah. Yeah. Well, that's going to be two-year wait list.

And the ICU nurses were like, well, how long is the wait list for the guys, and they're like six weeks. Do you understand that she, you know, just tried to kill herself, you know? She's in the intensive care unit. She probably can't wait two years to go.

So there were lots of running around and they couldn't find a place. So there was no place, and there was no place to send me, and the psych wards didn't want me. I wasn't, I didn't have any other psychiatric diagnoses to be locked up other than, you know, I needed some treatment for the PTSD. I wasn't suicidal at that time.

So I was just in limbo, and my family actually reached out and found a place that treated PTSD. It's a private place. It's not affiliated with any of the military, but they have a heart for treating people in the military, and I went there, and I spent nine months undergoing treatment there for my Post Traumatic Stress, and they're wonderful, and they were able to help me and give me a life back. They gave me hope back.

And I've been able to go around and talk to other soldiers and catch them before they got to where I did. And that's been really great. I've been able to speak out in Coronado and at some other places where there are some military veterans who were at the end of their life, and literally,

and it's not uncommon for somebody to call me on the phone and say, hey, I need you to call this guy, he's in a hotel room, he's got a gun, but he said he would take your phone call.

And I'm not a shrink, you know. I like things--I like surgery because you can cut stuff out and be done with it. You can't really do that in psychiatry or psychology, but sometimes it's just needing to hear somebody that's been there, you know, and say there is hope. You don't have to give up. You can live again. You can be happy again, and so that's what I've learned, and that's what I've been able to do, and I'm really grateful to the therapists who reached out and helped me and were able to do that.

And, you know, we have every 90 minutes a veteran of the United States commits suicide, and everyday, we have more people who have committed suicide in the military than have died in the Afghanistan war. So there's about 2,000 deaths in the Afghanistan war, and about 2,700 soldiers, Marines, sailors have killed themselves since 2001

and 9/11 when these wars started.

And that's a very real problem, and I'm grateful that we're getting more and more exposure about that, and there's more of an effort to try to help reach out to soldiers who are at the point of wanting to commit suicide, and I'm grateful for this panel to be able to bring some awareness of that as well. So thank you.

[Applause.]

MSGT GIBSON: I just want to get Technical Sergeant Matt Slaydon and his wife Annette.

TSGT SLAYDON: Matt Slaydon. I was blown up back in October of '07. I was a bomb squad team leader in northern Iraq on my third tour. What were we going to cover? [Laughter.] Yeah, my transition, actually, you know, it's one of those things you only hear the negative things on the news.

I actually had a great transition from the Active Duty to the VA system, and I guess I'm a success story. I'm not really sure all of why that is. I think it was partially I got lucky. I met

some good people. My wife was a phenomenal advocate, and I got out and started speaking about my experiences very early on in my recovery, and so I got on a lot of guys' radars, and I think that made sure that people just had eyes on me.

So I had very smooth transition. I would say where the stumbling points have come in are family, my extended family, my mother, in particular. We're estranged over this. A lack of understanding and education of what PTSD is and what it does to you, that Matt's not just being a jerk, that there is something wrong, and that just a failure of education, you know, that even some of my brothers and my other family members, they don't know how to be around me and--because I'm different, and of course I'm different, you know.

Three tours into Iraq, I've seen a lot of death and destruction, and, you know, being in a bomb squad guy, you know, you're, you know, nobody ever calls you because they're having a good day, you know, so I've had to, you know, everything from disarming bombs to scraping up people off the road.

And you never, you know, it changes you forever. It's an indelible mark, and it should be. If you could go and go and go through these things and walk away unfazed, I would be very scared of you. You're Hannibal Lecter or something because--

[Laughter.]

TSGT SLAYDON: --you know, this kind of stuff doesn't, you know, should mark you for life, but then being wounded, of course, you know, that changed everything. I went from being, you know, a highly aggressive, very ferocious, you know, battlefield combattant to, you know, to being very pissed off and having no direction. And while I was still on Active Duty, you know, I still had those connections. I still wore the uniform, and, but when I retired, that's when things got tough because it was, it was over.

Even though when I woke up and I started figuring out what had happened to me, which was a very slow process because I was literally leaning over the bomb when it detonated. It hit me point blank in the face, and it took me a long time to

even wake up, much less remember what had happened to me or figure out what was really going on.

And so when I, so I knew, technically, I knew it was coming to an end, but it was in a distance. It was over there, and, and so, but when I finally actually retired, and all of a sudden I didn't have anything to do. I didn't have to get up. I didn't have to report in. I didn't have to call anybody. I didn't have to do anything, and that was really weird, and it still is even though it's been, you know, it's, this October will be five years since I was hit, and it's still odd now and then that I all of a sudden went from being phenomenally busy, you know. I was, I was gone eight months out of the year every year for year after year after year TDY or deployed downrange, you know, whatever.

And so that's when, you know, you start getting time to think, and that's when the PTSD really started to rear its head for me, and I started to become paranoid. You know, I'm 100 percent blind, and I couldn't, so you have all the

natural paranoia, the distrust, but now I can't even protect myself. I don't even know if there is somebody in my house or not.

You know I'd be out in the backyard, and I'd hear something, and I'm like, crap, is there somebody out here? I don't know. And so that started kind of a downward spiral for me, and I ended up having to, I started to decompensate. I started to hear things, and I started to hear doors open, which is terrifying when you're blind. You hear a door open in your house and you're home alone.

So I would sit with a gun, you know, I have a massive firearms collection. So I would sit armed, just on the couch sitting there staring, listening for hours because I was convinced that there was something in the house with me, and so I'd have to call Annette, and she'd race home, you know, and check the house, and leave, and, you know, then I'm like, well, what if she missed it, you know, or, you know, what if it left and now it's back, whatever it is, you know.

I kept thinking the monster from the garage was in the attic, which is funny now, but it's really scary when you're home alone, and it's completely irrational, and you know it's not really there, but it's that, that paranoid, that idea that people talk about that I feel like somebody is watching me. Well, imagine that 24 hours a day.

And so I ended up having to check myself into a treatment facility, Haven Behavioral, up in Colorado, and that kind of was my turnaround point. Got my meds online and started being in some very serious therapy, and I'm pretty far down the road, but, you know, but I don't think some things, I don't think will ever, will never be the way they were. And I think that's probably perfectly normal considering what I've been through.

Yeah, Legend. Outside--I didn't bring my guide dog with me today. He's at home, but my guide dog has been an absolute total game changer, and not only is he a mobility device. In reality, that's the small portion, that's the minor side of what he does for me. He gives me, you know, one,

he gives me something to do, but, two, he gives me a massive sense of security because he's a 90 pound German shepherd, and he's incredibly protective of me.

He's a phenomenally loyal animal, and he was given to me by Fidelco, a guide dog school up in Hartford, Connecticut, and he was actually paid for by the Newman's Own Foundation. He's paid for quite a few guide dogs earmarked for military veterans.

I know several guys that have gotten their dogs since then from the Newman's Own Foundation paying for them through Fidelco, which brings me to a concern that I recently read, and I don't know the details. All I know is that the VA now doesn't, isn't approving PTSD dogs, and that worries me because I have, you know, a bona fide card-carrying guide dog. You know, I can pop my eye out. It's obvious I'm blind. And I still have problems. One of the reasons I didn't bring him is because I can't get a cab here in town. Seriously, it's a major pain in the butt to get a cab in D.C.

Now and then I get trouble from the airlines, and so I'm worried that people will see the VA's denial of PTSD dogs as a trend. It will be like, well, if they don't approve them, we're not accepting them. So you can't bring them on the airplane. You can't bring them into a restaurant. It's not actually a guide dog. It's just a pet.

And so that troubles me because I already know what kind of trouble I have, you know, and I have an ID with my dog. It's got his picture on it.

What else? I can't keep notes.

[Laughter.]

TSGT SLAYDON: I'm serious. I can't keep, I have to memorize all this, and I have a TBI. Oh, yes, where there have been some shortcomings, talking about people outside of the military and outside of the VA because I understand that they can't pay and they can't cover every single little detail. But, you know, companies like Fidelco, Newman's Own, and the Sentinels of Freedom have been a phenomenal assistance for Annette and myself

as a military support organization, you know, because we have some small business endeavors, and they've been there every step of the way, you know, providing assistance and support.

And I think it's just incredibly important that we support these organizations out there because they've given, you know, because they fill the gaps, you know, and as I've told people, the big things always seem to get taken care of, you know. It's, you know, it's the big things that, you know, I was never worried about the big things killing me even in the field. The big things are easy because they're obvious. Everybody sees it.

It's the little stuff. You know, it's those little details where you fall through the cracks, and where you have issues that nobody fills, nobody can help you with, and because no money, like we don't, we can't help you with that. That's not in our charter; that's not part--we don't have money for that or, you know, whatever the reasons are.

And so it's organizations like, out there

like the Sentinels that have been so good to us that have that leeway to be like, well, we, you know, what's your problem? We will see if we can fix that. That has been incredibly helpful in my long-term recovery. That's it.

[Laughter and applause.]

MRS. SLAYDON: My name is Annette Slaydon, and I'm Matt Slaydon's spouse. I wanted to touch on a couple of things today and get some of the most difficult stuff maybe out of the way first as far as family and caregiver issues go because this is something I can really talk to both from a professional and a personal standpoint.

A couple of years ago, well, Matt and I spent 15 months down at Brooke Army Medical Center while he recovered. And while you're down there, you're kind of living in a bubble. Everything is done for you. You have all of your support right there and around you, and the whole time you're there all you can think of, though, is I can't wait to get home because then everything is going to be normal. I can't wait to get home and get back to

our life.

And then you get home, and you realize, of course, that nothing is ever going to be the way it was before, and I think that's when things really started sinking in from that as far as this is how my life is going to be. It really solidified his injuries to him, and then he won't be able to do his job anymore which is really the most important thing to him ever. He says it's me, but I know that's a lie. It was always EOD, and that's okay.

[Laughter.]

MRS. SLAYDON: But then that's when some problems started. We had really tried to hit things off at the pass, and we thought we were doing a good job, but then one day when I was on my way to Recovery Care Coordination conference--I'm an Air Force Recovery Care Coordinator--Matt told me that he felt like he needed to walk his path on his own, and that really hit me like a big punch in the stomach because I just didn't understand. I said after everything we've been through? I just don't understand. Don't you love me? You know, I

love you so much.

And his answer was, of course, I love you. I love you very much, but I'm at a point where I think I have to do this on my own. And so I went out and got me a little apartment. It's been a couple of years now. That's kind of down the way. And we've been learning how to do this. A lot of people might see it as a failure. But we still see it as a success story because we are still an incredible team, and we love each other so very much, and our lives will always be intertwined.

But for me myself, it's taken me counseling once a week since that time to get to the point where I am now where I can say is all I really want is for him to be happy, and if that's not with me, I just want him to be happy with somebody else, not with somebody else, whatever the case is.

I just want him to be and feel as whole and happy as he possibly can in his life. And when he first told me that he wanted to go on his own, I started doing some research on the Internet to see

if there was other people out there that were in the same position, you know, whose spouses were wounded warriors or maybe had a PTSD diagnosis, and I was looking for a support group, anything, and I found no support groups, but I certainly found hundreds, if not thousands, of other people who were in the same situation, and at first I felt a little comforted by that, but then honestly I just got really pissed off because this isn't an acceptable result to me for our servicemembers and their families who have already given so much.

And I really feel like there's something that really needs to be done for our families to help them through this process. Yes, we have some caregiver programs going. The VA has a good caregiver program now when I'm getting the VA caregiver benefits. The DoD has put into its works the Special Compensation for Assistance with Activities of Daily Living Program that enables folks that are catastrophically injured to get some pay that helps replace their family members' pay who's had to quit work to take care of them while

they're still on Active Duty.

Those are the big obvious things, the money, that I think--the small things like Matt was saying are the things that you miss. There's nobody stepping in to say, okay, you know, you have to do everything for this person initially, but there's no handbook that says when you should stop and when you're actually stifling their independence.

There's nothing that says, okay, now's the time when you should start letting him do things on his own because before he could do nothing, and so then they start to get resentful, not through any fault of their own. It's just there's no instruction booklet on how you move forward with this.

There's nothing that talks about how when this happens sometimes your relationship can change from that of a husband and wife to that of a patient and a caregiver. And that can happen before you know it. You wake up one morning, and it's like, oh, my gosh, what's happened? And so I

certainly don't blame Matt for making that decision.

And I completely and utterly failed to recognize that I needed counseling on my own until he specifically said I need to do this on my own. You know, people offered it occasionally, but I didn't realize. I thought I was superwoman. I've got to take care of him, I've got to take care of him and get him settled, get them settled, not realizing that after about two-and-a-half years of that, I was starting to crack inside.

And I was starting to crumble a little bit, and I didn't have the patience that I needed. I didn't have the, I guess I wasn't quite as sweet all the time about everything, which was not at all fair to him. I absolutely recognize that I contributed partly to what's happened, and there's nobody else there to talk to about some of the unpopular topics either like sexuality after injury. Nobody talks about that nowhere. It's not anywhere for our servicemembers and their families. That's a big part on anybody's relationship,

especially folks, you know, it's really difficult for folks who have suffered amputations or burns or whatever who feel like maybe less than the person they were before.

So there's some big holes in some areas that I think could really be filled either by the government, by private organizations or by both, where we can really address some of the more unpopular topics for our families and our caregivers to help our families have a better chance of success because I don't want to see any more people out there, I don't want to look on the Internet and find more people who are in our situation.

That's just not--they've given too much already. I think we have to do everything we possibly can to keep the families together.

On another note, I'm blessed to be an Air Force Recovery Care Coordinator out at Luke Air Force Base so I work with wounded, ill and injured in Arizona and New Mexico, and it's an amazing program, but the budget cuts have hit us in the Air

Force hard. Please forgive me.

MR. CAMPBELL: No. Glad you're talking about it.

MRS. SLAYDON: Uh?

MR. CAMPBELL: I'm glad you're talking about it.

MRS. SLAYDON: Okay. We've lost nine I think of our folks. They couldn't fund those positions anymore, and we're already regional, and our program is doing amazing things out there, amazing things helping giving our servicemembers and their families a single point of contact they can work with and help them through all, find all the resources and making sure they're being taken care of.

Amazing things we're doing touching people one at a time, and we've lost numbers. Those of us that are left have taken drastic salary cuts, drastic, but we do it because we have passion for taking care of servicemembers and their families.

But I'm very scared about the future and more budget cuts about what that could do to some

seriously valuable programs like ours that play such an important role in the lives of our servicemembers and their families. I have five or six families I work with that are in the same position that Matt and I are, you know. And they're lost, and I really think without Recovery Care Coordinators and other folks like us that are in place so many of these people would be lost. They'd be completely divorced.

Other ones would have committed suicide. I don't know how many people have come in my office in my job and hung their head and just cried and said thank God that you are here now, but why weren't you there two years ago?

I had a--our Guard and Reserve members face so many challenges. I had a Guard member from Michigan that he was the first one that hung his head and cried, and this is a helicopter pilot that had been living off of his credit card for three years that was barely functional with severe cognitive deficits because his unit had abandoned him, and nobody would help him with his

incapacitation pay.

So, you know, a year goes by of working with him. I've been able to get him like \$200,000 in back pay. He's all established with his medical care, and he's through the IDES system and getting paid from Social Security, the VA and the stuff from the military. So I think just awareness of what budget cuts can do to our existing programs, ways that maybe folks out there can help pick up the slack.

Fisher House is a perfect example of somebody that's been able to pick up the slack of where some of the different military programs can't take over. There are Hotels for Heroes and Hero Miles programs have done amazing things for servicemembers and their families that I work with in getting some folks to bedside of servicemembers who are terminally ill, and I'm so grateful. So they're a perfect example of how you can fill in the gaps with private organizations where the military has been unable to maybe support the families.

Thank you.

MSGT GIBSON: Great.

[Applause.]

MSGT GIBSON: Thank you, Annette. A lot of people don't realize just--and you're realizing just how much caregivers do for all of us.

Petty Officer Ben Host.

CE3 HOST: Good morning, everybody. How are we doing today? My name is Benjamin Host. I was a Petty Officer in the U.S. Navy. I was a Seabee. Anybody know the Seabees, the construction group?

[Applause.]

CE3 HOST: There we go. I loved the Seabees. I enjoyed it. Shortly after 9/11, October of 2001, I went in and met with a recruiter, and I had done electrical for a bit before that, and I knew that I wanted to be a Seabee in the U.S. Navy. So I achieved my goal.

It took me till April of 2002, and I joined the Seabees, went up to Keflavik, Iceland, for a year and a half, got to enjoy working up on a

public works base over there, a NATO base in NASKEF, Iceland, and it was a beautiful experience, wonderful experience in the Navy.

Came back from there to California, Ventura, California, where I presently live, and I joined NMCB 4 to go over to Fallujah in end of July, beginning of August 2004. I didn't make it very long. September of 2004, I was in a convoy, and I was in a serious accident, and I broke the right front temporal area of my skull and I broke an artery in my temporal bone, and I had severe bleeding on my brain, and I was just very, very blessed to have my guys be able to get me to a field hospital where a surgeon gave me part of her life, as you see the struggles that she goes through just to help these people, and it's just amazing. I'm unbelievably grateful.

I don't know who my doctor is to this day, but I would love to be able to meet and shake the person's hand to be able to help them through whatever problems they're having, to say thank you and, you know, you gave me another chance at life.

And I had two bore holes drilled in my head. I was thrown in a chopper and airlifted to Baghdad where they did brain surgery, and that was also successful, we think. So from there I was flown to Germany. From Germany I started to come back to Bethesda, Maryland up on their top floor to spend some time there, and just the whole experience was unbelievable, the medical care that I received. I was opened up all the way up here. You can't see any scarring right now, anything like that.

So just unbelievable professional assistance that I was given through my whole process. So much to be grateful for. So much to be thankful for. And I'm back to this state here.

This is where my part of the story comes in, as somebody that recovers to the point that I am at. I deal with things on a regular basis that I notice, but you've never met me before. You don't know what I'm struggling with. I seem normal to you, and that's a good thing, but in some things it's not.

So in my process, I went back to Port Hueneme, spent about two more years in recovery in a LIMDU battalion, 31st SRG out in Port Hueneme, California, where I spent two years working basically a day job before they retired me out of the Navy. They put me on a TDRL. Going into my TDRL, the Navy wanted to give me a ten percent retirement status and put me out the door.

So that was a struggle I had to go through that, and then it was upped to an adequate amount that went through my TDRL process, which brought me up to last year where MOAA came into the picture. And unbelievably grateful for what MOAA has done for me in my life, and we only, I only met with them. Rene Campos is somewhere around here. I lost track of her, but I was lucky enough to meet Rene Campos, and she was just a blessing to me. And an enlisted guy. Who would know that MOAA would help a little CE3, but what a blessing that was.

And that goes to each and every person in this room. Whether you're a sponsor, whether

you're with MOAA, whether you're with NDIA, there's a lot of dropoff out there. There's a lot of people that haven't received the care that they need that have fallen by the wayside, but there's a lot of us out there that owe you everything because you guys have made some success, and you have made some forward strides in the middle of situations that are less than pleasant.

In February of last year, my temporary retirement was up, and it's time to go on to a permanent retirement. It's a five-year process. I don't want to bore you with that part, but the military found me fit for full duty at that point. So I was getting ready to go back to my recruiter and see what job they were going to give me, and I decided not to do that. I decided to fight for a retirement, some health benefits and things like that, and automatically fired off three letters, two senators, one House of Representative members, I'm coming guns blazing this time. I know I'm not going to have fallout this time.

Contacted the DAV. Was blessed to have

Stephanie Cooper represent me as an attorney from the DAV. Did a wonderful job for me. In the process of that, I linked up with MOAA also. Rene Campos picked me up when I had to come in for my hearing. She picked me up from the airport. Boy, did I feel like a big shot then. Just driving into Washington, D.C. I had a chauffeur and everything. We get lunch. I go to pay for lunch. She buys my lunch.

I tried to explain to her that didn't work right for me, but I accepted the lunch and I just was spoiled through the whole process. We met and we talked with some of her people and all the different influences that they had, and we got it worked out.

The day before my hearing, the military, the same people who had called me and told I didn't have a case, and that, you know, the brain stuff that I was dealing with wasn't covered, and all these different things, they called and settled outside of court, and I'm fully retired today, and thanks to you guys.

[Applause.]

CE3 HOST: Going back to the process, coming out of the military, going into the Veterans Administration, unbelievable treatment on both sides. I've been seen everywhere from Bethesda, Maryland to Balboa down in San Diego, California, on the enlisted side, and as far as the treatment in those military hospitals, it's exquisite, very well.

A little bit of what can we help in the process, it's all the fringe stuff. It's dealing with the people, getting them to where they need to go. The physicians that are doing the job are unbelievable at what they do. It's just the in-between process, sometimes there's a little bit of lag and a dropoff, and when we come back and we're wounded--correct me if I'm wrong--we don't have the ability mentally to handle a lot of the struggles and setting up appointments and making sure that we meet the deadlines in those different things.

So to have a little bit of assistance in those areas, I feel would be a great thing for a

lot of veterans. Going into the VA system, the VA down in LA right next to UCLA down there, man, I had some really good treatment down there.

I was checked into a brain research group down there where they tested some different things on me, but Roi Ann Wallis was my doctor down there, and her assistant, Kim Panizzon, I can't thank them enough for all the things that they did in teaching me how to get to this point, to have the poise to be able to present myself, to be able to stop and just think for a minute and then react rather than being responsive right away.

And I've been blessed my whole time. I love the military, and I'm loving life after the military, and I would like to do my best at helping other people coming out of the military to that same place because there's a lot of people that are hurting that need help, and today it's easy. I'm looking at a roomful of help. Last February when I was going through a problem, I didn't know where to turn, and how do we get the people here that have the help to the people that need the help. So I

think that's a process that can be worked on a little bit.

Thank you for the opportunity to be here. Thank you for listening to me, and thank you for all you've done.

[Applause.]

MR. DONOVAN: Our original plan was going to include a lot more questions and a lot more discussion, but I think everybody would agree that what we've heard up here has been so powerful, there wasn't any cutting that off.

But in the little bit of remaining time we have left, I do want to get Colonel Malebranche and Secretary Campbell to sort of wrap up and give us some overall thoughts, overarching thoughts, and, Karen, from you, I would appreciate hearing just briefly what you think is working well, and what kind of successes are out there that we need to move forward.

COL MALEBRANCHE: Okay. Thank you. First of all, I just want to say thank you all for your service, and I am quite humbled and got a little

emotional with Dr. Tara. Got a little emotional here with the Sergeant, and also with you, in listening to this because it means so much to us to hear where you're at and how you got there, and that what you do everyday makes a difference.

So what I'm thinking is we've done well, there's still a lot more to do, as I heard about the service dogs, which I know we have been working on for over a year now, and you gave me a little renewed interest here to go back and take a look more at that. I know there has been some legislation and issues there.

But I think one of the things that I also noticed is we have liaisons at these different facilities, like you mentioned, to help you with different appointments and things where we've been putting out. We have been doing a lot more together with DoD and VA than we ever had. I think John--and it was mentioned this morning, too, the General noted that the two Secretaries met. That's unprecedented.

And you're going to hear from our

Secretary again, and those talks aren't just talks. He comes back with taskers, let me tell you. He comes back with taskers, and we've got a lot more work to do I know on electronics and health records, but the transition piece that we're working on I think in the recovery where a task force that is now in its second year and has three more years to go, we've heard some different things about the PTSD, and it sounds like I have a few more questions of things as part of that task force of what we need to do and where we need to go, and this outreach effort and where we touch folks and where we don't.

We've always known that the Guard and Reserve is an issue. We have a liaison now at the Yellow Ribbon Office at the Pentagon, and the Yellow Ribbon Office at the Pentagon goes out and does these 30, 60, 90 day outreach efforts, but I actually heard at a couple of those, too, there was one young lady who went back home, and she goes, well, I'm a librarian. She goes I drove, you know, jeeps through convoys where people are getting

blown up, and I go home, and I'm reading stories to people and nobody knows what I've done.

And it made you think about, especially these IMAs and the IRRs that out there, and the outreach we need to do, and we do have a concerted effort working towards that now. And maybe the things that we haven't done so well, again, same sort of thing, the outreach, that maybe it's those efforts. So I know we're working a lot more on electronics.

We're reaching out to rural health. I think that's huge because if you go to a city, it's one thing. If you go out into the country, it's another. Where do you have and where do you go? And there aren't always Military Treatment Facilities.

The VAs are probably a little bit more out there, and we are doing more and more with that. The Vet Centers, the Readjustment Counseling Centers, those are now over 200, and that's been in the last year. So I think we are doing better with those efforts, and the mobile Vet Centers, we've

been asked more and more for those. I don't know if any of you are aware of those, but that's been a huge effort, and actually they sent some down to Fort Hood after the problem down there. I think that was very helpful.

So you've given me a lot more to think about. Glad that we're serving you, but, again, like I said, very humbled and very honored to be in the presence of this group. So I want to thank you for that. Thank you.

[Applause.]

MR. DONOVAN: Mr. Secretary, we got some time for your overarching comments, and even though you're a Marine, I can't let you off too easy. I would like to hear you address, we touched on-- Congressman Miller touched on pending budget cuts, sequestration, and those sort of things. Perhaps you can give us some insights into what that's going to do, and what you see as the importance of public-private ventures and nongovernmental organizations in this process.

MR. CAMPBELL: Well, let me just say that

I'm thrilled to be here. What you're hearing today from the other panelists, their true stories about what they've done, how they've overcome the hardships, the difficulties that they have, and this is just a sample of thousands of young men and women who are coming out today who are really remarkable.

They are the next "Greatest Generation," and we believe that we have to, and I know Karen shares this, we have to do everything we possibly can to make sure that we help them so that as they phase into the next phase of their life, they really have as good an opportunity as anybody does to succeed because what's really important is that the 99 percent that doesn't know there's a war on, doesn't know anything about the military, they really need to see what these young men and women can do.

And the idea that they're disabled is a misnomer. We have to make sure that they seek these young men as I do when I attend things like the Warrior Games and see the remarkable

achievements of what they can accomplish.

In terms of the budget cuts and what's coming, you know, who knows what's going to happen. I certainly don't. I'm optimistic. I'm hopeful. I can't believe that intelligent individuals who are our representatives can't come to grips with what the issues are, and what's at stake for our nation, and I come out of the private sector. Except for my Marine Corps service, the position I have now is the only time I've been in government, and now I can understand why.

[Laughter.]

MR. CAMPBELL: It is frustrating. There's no doubt about it. There's bureaucracy there, but the individuals there are good. The individuals want to make a difference, and I include the individuals like Karen that I work with at the VA and also at Labor. The agencies are all trying their best to overcome some of the real issues, the real problems, obstacles that they have.

But let me touch on a couple of things that I'd like to tell you about. One is adaptive

sports. This year we have money set aside, but also Congress has appropriated \$10 million for adaptive sports equipment for training, for coaches, and we believe--it's my opinion--that the physical activity that people are able to get involved in, as early as they can, really is the first step of their recovery.

I mean people want to get active, they want to get back, and what we have to do is we have to provide and make available equipment, teaching, coaches, camps, so that we offer a broad array of opportunities. I mean the Warrior Games are great. But it's only seven sports, and generally it's only 220 individuals who go through it, but we have to make that available to the thousands that are part of our wounded, ill and injured community.

The VA does a great job with their adaptive sports program. They've got a terrific Marine, Chris Noack, is in charge of it, and we're trying to learn from him so that we can be sure that we're complementary in what we do, and what we provide at DoD is going to complement what's

already existent, what's already successful in the marketplace with VA.

One thing that I want to commit at this meeting is that I've been worried and concerned for awhile about caregivers. Annette is a fabulous Recovery Care Coordinator. She and others like her, selfless, dedicated professionals, but the ones that are caregivers that don't--aren't part of the system. They're the sisters, they're the brothers, they're the spouses, who really need our support.

To me, it's like the Guard and Reserve. I mean when I first got excited about this space, getting back into the military and family space, was 2003. And I'd retired as a banker. I was doing some stuff that wasn't very meaningful. I was looking for something to really get excited about, and I started to read stories about the Guard and Reserve, and I couldn't believe that the voice in my head was my mother, and I was wounded twice, luckily, not very seriously.

But I was in a hospital in Yokosuka,

Japan, and she flew over with my dad, and my dad was in the Navy, and he was no help to her. He was no support mechanism. He was World War II, and you know, you suck it up; right? And my mom didn't know anybody who had a son in the military, and she had to suffer all by herself.

And I heard these stories and read these stories about these Guard and Reserve families that don't have a base, don't have a community, they're alone, and they need our help. And so I got involved in a social network that I started that was supporting military and their families, and that got me here because I wanted to do something even bigger than that. I wanted to be helpful. I want to be engaged.

And so I guess what I'm telling you is that caregivers are on my priority list this year. We're going to have a conference as early as I can schedule it, in early 2013. I'll bring the services together, bring the organizations that care about caregivers, bring caregivers like Annette into it, and let's talk about what the

issues are.

I have to, I have to be honest, and I just, you know, I'm aware of some of the, some of the issues, but I don't know them all. And some of them, like the sexual issues, you know, that's not something that a lot of people talk about everyday. It's one of those things that, well, you know, it's going on, but no one is really talking about it.

I want to get all those issues up on the table; let's talk about them; how can we be supportive of military families, caregivers? We're all in this together, and I reach out as well to the private sector. I'm a believer in collaboration. I believe in public-private partnerships, and as I discussed last night with a group of individuals who are supporting the Warrior-Family Symposium, it's not easy.

The government doesn't make it easy to reach out to the private sector. And it's almost like mind-think of, well, we can do it all. Well, "goddamit," we can't do it all, and I know that, and so we'll have this conference, and I'm excited

about it because I realize that this is like the Guard and Reserve, a segment of the population, that hasn't gotten the focus, the attention that they need, and I reach out to the VA to share that with us and put it on together because we both have somewhere in the neighborhood--I don't know, Karen, you're on the task force--like 47 programs that we share, all trying to support wounded, ill and injured and the families.

So that's a priority of mine, and I'm excited to be here. Thank you, Norb. Thank you, NDIA. We should have more of these. We really need to reach out to each other because that's how we'll solve the problems that are huge.

Thank you.

[Applause.]

VADM RYAN: These are amazing people. I'm humbled to listen to the panels.

[Applause.]

VADM RYAN: People talk about courage. They talk about servant leadership. You saw courage in action here this morning, people that

put it all out there for us so that we can make sure that others have an easier path to follow. So thank you for your courage; thank you all for your servant leadership.

[Applause.]

VADM RYAN: I don't know if--is the Secretary here yet? Okay. Secretary Shinseki is on a pretty tight schedule, and we're going to introduce him at 11:50. Is there anyone that has a question or a comment that we need to make before we go into introducing Secretary Shinseki?

Okay. Yes, sir.

MR. NORTHACKER: Yes, Craig Northacker, and thank everybody for what you're doing. I'd love to chat with you because I run a not-for-profit, and we're doing a lot with helping people find jobs, doing family appreciation events, and making good things happen.

The one question I have goes back to what this gentleman was talking about over here with his experience with the VA and the court system there. One of the biggest problems I have, and I've

mentioned this before, is that we all swore an oath to obey and defend the Constitution, and the problem that I have is when people are not doing that because they're being obstructionist or they're using some kind of a legal ploy or a legal loophole to avoid helping the veteran. They have now gone against that, and there's actually an ethics violation that they've created for themselves.

And my goal is to just say, hey, let's look at the Constitution, guys, and, you know, we all signed, we all signed the oath, we all swore it, and we all fought for it. Let's have it work for us now when we need it and not use legal ploys and legal games to get around it.

So thank you very much, Admiral.

VADM RYAN: Okay. Thank you. Thank you for your comment.

[Applause.]

VADM RYAN: Well, what we're going to do is ask the panel to go ahead and take their seats if they can, and we'll bring on Secretary Shinseki

and have him give out his remarks, and then we're going to break for lunch after that.

Thank you again. How about a round of applause?

[Applause.]

VADM RYAN: We'll give everybody a chance to get settled. I guess the Secretary is actually not here yet.

[Pause.]

VADM RYAN: Ladies and gentlemen, if we could all ask you to take your seats, please. Good afternoon. Thank you for your patience.

It's now my honor to introduce to you the Secretary of Veterans Affairs Eric Shinseki. Secretary Shinseki served in the U.S. Army for more than 38 years and told me to keep this short so I will.

I think all of you know he himself was wounded in combat in Vietnam. He served in every level of command in the Army, culminating his military career as a Chief of Staff of the Army. In 2009, he was confirmed as our seventh Secretary

of Veterans Affairs.

In this position, Secretary Shinseki has put the interest of veterans and their families first and has been working to ensure that President Abraham Lincoln's promise "to care for him who shall have borne the battle and for his widow and his orphan" is fulfilled.

I can think of no greater champion of American's veterans than Secretary Shinseki. Secretary Shinseki will not be able to take any questions at the end. Unfortunately, he's heading right after this over to Arlington for a funeral, but he's asked us to collect all your questions, and Kevin Secor, his veteran's association--Kevin is waving his hand over in the corner--will collect your questions, and you know the General. He'll make sure those answers get to you.

My pleasure now to introduce Secretary Shinseki.

[Applause.]

SECRETARY SHINSEKI: Thank you, Norb. Thank you for that kind and mercifully brief

introduction. And thanks to you and Larry Farrell for putting together this important dialogue between MOAA and NDIA.

I'm honored to be here, and let me just acknowledge we have some wounded warriors present, but let me acknowledge all the veterans in the room, especially those wounded warriors and their families, representatives from our Veteran Service Organizations, some of my own VA colleagues are here, I know, and I think we have Student Veterans of America here as well, and other distinguished guests, ladies and gentlemen.

I think most of you know that I didn't grow up in VA, and neither am I a clinician inside this large health care organization system. So you can understand when I say the learning curve was pretty steep, sort of like a chopstick, you know, just going straight up.

Shortly after I became Secretary about three-and-a-half years ago, I encountered a statement in a number of meetings and briefings that went something like this: veterans suffer

disproportionately from homelessness, depression, substance abuse and suicides, and they rank right up there in joblessness as well.

Now, as troubling as this statement was, equally stark was the absence of any clear understanding for why this was so or any real discussion, you know, coming from a military background, you know, a plan for what to do about it. It was a kind of matter of fact expression you sometimes encounter when a problem is either so large or so complex that the focus day-to-day is just on data collection and management and less on trying to fix it.

Or when no one cares about fixing it. And I just want to assure you that that is not VA's stance. That statement may exist, but we're going to do something about it.

Indeed, VA is a large health care provider, the largest integrated health care system in this country, as some of my colleagues will tell you, again, not a clinician, 152 medical centers, about 817 community-based outpatient clinics, 300

vet centers, and a number of outreach and mobile clinics that reach out into the most remote areas where veterans choose to live.

And our health delivery system is to find and take health care to them. And then through an extensive and growing Telehealth Network, which links these more than 1,300 points of care, veterans are then able to access VA's benefits and services, including critical medical specialists that don't exist where they live but are located elsewhere.

But here's what's also true about VA. VA is second only to the Department of Education in providing educational assistance of \$10 billion annually. VA guarantees nearly 1.6 million home loans, the only zero down entity in the nation. Our foreclosure rate is the lowest in all categories of mortgage loans.

VA is the eighth largest life insurance enterprise with \$1.3 trillion in coverage, 7.1 million clients, and a 95 percent satisfaction rate.

VA operates the country's largest national cemetery system, 131 cemeteries. For the past ten years, our National Cemetery Administration has been the top-rated public or private organization in customer service, hands down, bar none, according to the customer, American Customer Satisfaction Index run out of the University of Michigan.

So these capabilities describe a robust system of care intended to serve the men and women who have safeguarded us in our way of life. Given these capabilities, I'll go back to the first quotation I gave you, how do we explain a homeless population of over 100,000 veterans in 2009 in this rich and powerful country?

So I took this statement about veterans' homelessness, depression, substance abuse, and joblessness, and just made the assumption that it was a clear, troubling, but a clear signal that veterans, albeit in smaller numbers, were slipping through the seams in our comprehensive system of care, benefits and services.

Our homeless veterans' population suggested that there were issues with transitioning military members from uniform service to productive employment and independent living.

The President said we won't be satisfied until every veteran who has fought for America has a home in America, and so in 2010, VA committed to ending veterans' homelessness in 2015. Nothing rivets your attention like an ambitious target on a short timeline with names attached to deliverables. I've always found that works quite well.

[Laughter.]

SECRETARY SHINSEKI: So to end homelessness, you must commit to playing--I'll use a sports analogy here--both offense and defense. Offense is rescuing those who are living on the streets today. Offense. Defense, preventing those who are at high risk, if we can figure out who they are, because they're invisible, high risk of homelessness, from falling into that downward spiral that eventually takes them there.

Homeless veterans to me are visible proof

that our system has gaps in it, and if we want to be excellent at our business, we got to figure out what those gaps are and close them.

To end homelessness, you must have tools, resources, and partners. No one can do this alone. As I said, we must play offense and defense, but not platooning sequentially like the Washington Redskins, who got off to a good start; right. RGIII looks pretty impressive. Not platooning like the Washington Redskins, but playing both offense and defense at the same time. This is full court press by the entire team fulltime. No time outs. Nobody takes a knee.

And then after three-and-a-half years of attacking this problem, people tell me that the primary cause of homelessness is substance abuse-- substance abuse. Three-and-a-half years ago, they told me it was mental health. This is an important insight. If substance abuse is the primary cause for veterans' homelessness, we can now try to understand how veterans end up as substance abusers and focus resources there, again, to rescue those

who are already in need of treatment, but more importantly, if we can figure this out, how to prevent it if this is the major cause, because my sense is this touches so many other things we have to deal with in dealing with veterans' issues.

So I've asked the question whether our prescription habits--prescription habits--our policies and our practice contribute somehow to the addictions we're dealing with both in the services and at VA? I don't know the answers to this. People are looking at it. I've asked the question, and I'm prepared to go wherever the answers lead us.

The commitment to end veterans' homelessness in five years was not just focused on rescuing homeless veterans off the streets of the nation. It was also focused on strengthening our overall performance as an organization.

In order to end veterans' homelessness, we have to be better at the things we do day to day to prevent veterans from falling into that downward spiral, as I describe it, which can happen quickly,

and once started, there is an acceleration factor that I'm told it's hard to break.

In the process, we would have to learn how to become an excellent organization, and advocacy-- and advocacy would become our drumbeat, would have to be our drumbeat, in thought, word and deed, as some of us say, promise once a week.

We've been at war for more than a decade now, and these repeated deployments of servicemembers have created issues that don't show up right away. More are surviving catastrophic injuries, but higher survival rates also mean more complex casualties compounding effects of Post Traumatic Stress Disorder and Traumatic Brain Injury, multiple amputations--five quadruple amputees from this war--with the added complications of blindness, deafness and genitourinary injuries.

In 2009, of over 23 million living veterans, only 7.4 million veterans were enrolled in VA health care. Only three million were receiving compensation and pension benefits. Why

was our market penetration, to use a business term, why was our market penetration only 30 percent? In what would become the toughest economy since the Great Depression, the metrics were, in my opinion, all wrong, all headed the wrong way.

We're going to have to adjust our stats, which we started doing three-and-a-half years ago and gain some agility quickly. We had an outreach problem. Many veterans didn't know about VA or their benefits. We had an access problem. Even if they knew about us, there was evidence that they had difficulty getting the needed services.

And then, even then, a backlog in compensation claims was a decades long tradition. Some numbers to provide clarity about the claims backlog, and then some context for why it exists. Over the past three-and-a-half years, VA has adjudicated 2.9 million veterans' claims, 900,000 claims going out the door in 2009, a million--unprecedented--going out the door, adjudicated claims in 2010. In 2011, another one million claims going out the door--decisions.

And we'll likely break a million claims again this year. So the 570,000 plus backlog claims that we have today were not the ones that were there three years ago, and probably not two years ago, and probably not a year ago. Now, I'm sure in there, there's going to be a couple of cases that linger because of specific complexities, but what I'm trying to describe to you here is a dynamic process with large numbers of claims coming and going. You see anything over 125 days is considered a backlog claim.

No one is standing at parade rest pushing 2.9 million claims out the door as 3.5 million claims are coming in. So what would explain this big number exchange? Three-and-a-half years ago, we had some unresolved issues from previous wars, issues we had carried over for decades, and some veterans were dying without benefits, and we decided to take them on.

For Vietnam veterans we granted presumption of service connection for three new Agent Orange related conditions. After 45 years,

it was time.

For Gulf War veterans, we granted presumption of service connection for nine diseases associated with Gulf War Illness. After 20 years, it was time.

And finally, PTSD, for all combat veterans with verifiable PTSD, we granted the presumption of service connection. PTSD is as old as warfare itself. It was time.

These three decisions alone have dramatically expanded access to VA for nearly a million veterans. That's step one.

Step two is dealing with the nearly one million additional compensation claims that were going to follow--something we predicted even as we made those decisions. These were the right calls to make for Vietnam veterans, for Gulf War veterans, and for combat veterans of all wars. We're not backing away from those decisions or the responsibility to deal with the additional claims that result.

VA has spent the past two years developing

a new automation tool called VBMS, the Veterans Benefits Management System. It's a paperless management system being piloted today at four locations, four Regional Offices. We'll have VBMS up and running at 16 Regional Offices by the end of the end of the year, and then by the end of 2013, our intent is to have all 56 Regional Offices operating on VBMS on automation.

VBMS is key to VA's automating these massive numbers in claims, and today that is a paper-based process. VBMS is here, about to be fielded, and I have just registered with DoD that in 2014--we get paper from DoD today--in 2014, we will work with DoD to begin providing all of our transition documents in electrons. So that's how we intend to deal with controlling this large number of compensation claims. It will also help us improve accuracy and fairness in the process.

Very little of what we do in VA originates in VA. Most of what we work on originates in DoD. So seamlessly transitioning departing servicemembers is crucial to increasing access to

VA's benefits and services, to eliminating this thing I call the backlog, and to ending the blight of veterans' homelessness. Warm handoffs between the two departments of transitioning servicemembers requires the synergy of both departments.

Secretaries of Defense Bob Gates and Leon Panetta and I have personally met ten times in the last 19 months, most recently on 10 September, and we've just agreed to meet again on 6 December.

I don't know that there have been two Secretaries of these two departments or any departments that have engaged in addressing these problems quite this way. And my hat is off to Leon Panetta, as busy as he is, and as much as he has on his plate, that always, he always makes time for these meetings.

Among our accomplishments, we've underwritten joint VA-DoD medical facilities where they make sense, and there are a number of places we've done that.

We have agreed to review how to harmonize our acquisition programs, and we have committed

both of our departments to a single joint Integrated Electronic Health Record, IEHR, one that is open in architecture and nonproprietary in design. We expect IEHR to have initial operating capability in 2014 and full operating capability in 2017.

So DoD-VA collaboration was an important priority, first priority, to bring these two departments into better collaboration.

And priority two for VA was fixing VA's budget process. Creating change requires stable predictable budgets. Many of you have to deal with this. Thanks to the President and the support of the Congress, we have received strong and stable budgetary support, and I know you had Chairman Miller here speaking to you earlier, and I would just acknowledge his support in this budget process is appreciated.

In 2009, VA's congressionally enhanced budget was \$99.8 billion, a good budget--99.8 billion. The President's 2013 Budget Request currently before the Congress is for \$140.3

billion, a 40 percent increase, in the four budget periods. With that kind of funding, we have prioritized the following kinds of projects:

First, to increase access, we've added 57 new community-based outpatient clinics, 20 more mobile health clinics, and a fifth Polytrauma Center in San Antonio, Texas. Three new hospitals are under construction: Denver, Orlando, New Orleans. And we just opened a state-of-the-art VA Medical Center in Las Vegas last month, the first new VA hospital in 17 years.

We've also invested heavily in new telehealth initiatives to overcome the tyranny of distance. Enhanced IT technologies make it easier for veterans to make appointments, access medical specialists at distant locations, retrieve their medical records, and find out about available benefits and services, all without having to drive long distances.

I opened this morning's discussion referencing veterans' homelessness. The estimated number of homeless veterans in 2009 was 107,000.

By 2011, in spite of the extended economic downturn, that estimate was down to 67,500, and we expect the 2012 estimate, soon to be announced by HUD, Department of Housing and Urban Development, will keep us on track, ending this rescue phase of veterans' homelessness in 2015.

The prevention phase of veterans' homelessness is ongoing, and my sense is it will go forever because you see it touches other programs we have to be better at.

Education. Education. We think of education as a separate program, but it's also helping us deal with preventing homelessness. Education is critical to preventing veterans from falling into that downward spiral, and since its inception in 2009, VA has issued approximately \$21 billion in Post-9/11 GI Bill payments covering nearly 800,000 veterans, servicemembers and eligible family members enrolled in everything from universities, four-year colleges, community colleges, the trades, the whole spectrum of training and educational opportunities.

Last year, roughly 86,000 of our 1.3 million veteran mortgage holders defaulted on their home loans--86,000. VA intervened working to lower mortgage payments, extending payment periods. 73,000 of those 86,000 or so veterans and families were protected from foreclosure, were kept in their homes.

So prevention. Again, we have to be better at this. So while we celebrate the achievement for the 73,000, my question is what about the 13,000 or so who were in so deep that we couldn't help? How did they get there? What could we have anticipated, prevented them from getting into that situation? And we're going to be better at it next year.

Mental health. In 2005, at the height of operations in Iraq, we had 13,000 mental health professionals handling the health care needs of our veterans. Today that number is over 20,000, and we're hiring 1,600 more clinical staff to address the growth in mental health requirements resulting from a decade of tough, high risk, high stress

repetitive combat deployments.

And I know some question whether or not we're going to get 1,600 done. I'll tell you we're going to get it done. I check the numbers, you know, every week, and we're well on our way.

We know that when we diagnose and treat, people get better. Among the roughly 8.6 million veterans enrolled in VA health care, mental health treatment is up. It's a good sign. At the same time, if a veteran is receiving VA treatment, our suicide rates are trending down, another good sign because it tells us whatever we're doing here treatment-wise works.

However, too many veterans still leave the military with mental health issues we never find out about. Most veterans who commit suicide were never enrolled in VA. So as good as we think our programs are, we're not helping those we don't treat, which is another reason why two Secretaries spent as much time talking about developing the seamless transition between DoD and VA and putting in place the pieces to make that happen.

These are young people who have done their duty, and now it's our responsibility to do ours. One of our most successful outreach efforts is our Veterans Crisis Line. DoD knows it as the Military Crisis Line. Same number. Same trained VA mental health professionals answering the phone, not a 911 operator. Mental health professionals. And since 2007, over 640,000 people have called in, including over 8,000 Active Duty servicemembers.

99,000 were referred for care, and over 23,000 were rescued from potential suicide. They were in crisis, and these mental health professionals were able to intervene.

In 2009, we added online chat, and in 2011, a texting service, and just reinforced the point that we will always look for ways to reach out to veterans in need. As we develop these new tools and learn how to be as agile as the young veterans are with technology, we're always in a search for better methods.

Good jobs are essential for veterans, and we are proud to have partnered with the First

Lady's Joining Forces Initiative, and with the U.S. Chamber's Hiring Our Heroes Campaign.

The President challenged private companies to hire or train 100,000 veterans and military spouses by the end of 2013. 2,100 companies responded, and 125,000 veterans and spouses have already been hired, achieving the President's challenge more than a year early.

We have redoubled our efforts to care for and assist wounded warriors and the strong families who care for them. And military hospitals, VA hospitals, and in homes all across the country, family members and caregivers are part of the recovery and rehabilitation program, providing extraordinary care and comfort each and everyday.

Let me again acknowledge and thank our wounded warriors who are here with us today for your dedicated service to our nation, and I would just add that no one appreciates your service and your sacrifice more than the President. I know this because I witness it firsthand.

With him, it is genuine. It runs deep and

it's unwavering, and it's reflected in his budgets. We are pleased to have the resources we need to match your own resilience and determination with resources that we can do something about. We're all astounded by the fight in you, and to our families, VA exists to support wounded warriors and their families who know the inherent risks and harsh realities of military service.

Your stories move and inspire us to be better at our missions--better at our missions--and today I would just add that VA still cares for the child of a Civil War veteran. One surviving child of a Civil War veteran just passed away last month. The promises of President Abraham Lincoln are being delivered today by President Barack Obama, but the important point is the same will be true a hundred years from now.

The promises of this President and this Congress will be delivered by a president yet unborn, and VA will be here to fulfill those promises, promises of the presidents and the obligations of the American people. So from my

perspective, we must get this right for you. It has long-term effect, and we cannot do this alone. We will need the insights, the instincts, the collaboration, the alliances, the partnerships of everyone in this room and beyond, government agencies, nongovernmental organizations, academia, nonprofits, private sector, and those individual advocates who have enormous experience in this area, force multipliers, force multipliers like the Federal Recovery Coordination program, like the Defense and Veterans Brain Injury Center, joint training of VA and DoD health care providers, case managers and social workers, specific to the needs of wounded warriors.

A Memorandum of Agreement to provide specialized care in VA facilities for Active Duty servicemembers who have sustained spinal cord injuries.

A joint integrated mental health strategy with 28 strategic actions underway, including a commitment to hold an annual joint DoD-VA mental health summit.

Collaboration between VA and DoD on adaptive sports programs and other special events, which extend healing and rehabilitation for wounded warriors and those who are ill.

As of last month, more than 5,900 caregivers have enrolled in VA's Caregiver Support Program, providing an array of programs focused on knowledge and on wellness. VA is committed to family-centric--I go slow here--family-centric care in family-friendly environments--a little bit of an alliteration--to support wounded warrior families, counseling, support groups, respite care, parenting tool kits, specialized training, social events, and other innovative initiatives. Marriage counseling figures prominently.

We're fielding programs like integrative behavioral couples therapy and couples therapy for substance abuse disorders.

Plans for the coming year include a greater emphasis on parenting, on couples-based treatment for PTSD, and for refining our telehealth approaches to working with families. We will

continue to develop and field a continuum of needed quality of life services as our dialogue matures our understanding of your needs.

This has been a short summary of the state of your VA. By your next Warrior-Family Symposium, I expect VA's report on the state of the department to reflect that between 2009 and 2013, our budgets in that span of time, the funding for spinal cord injuries will have increased by 28 percent; TBI funding will have increased by 38 percent; mental health funding will have increased by 39 percent; long-term care funding will have increased by 39 percent.

Prosthetics funding, increased by 58 percent; funding for women's veterans' health programs will have increased by 123 percent; funding for OEF/OIF/OND requirements will have increased by 124 percent.

Our Veterans Benefits Management System, VBMS, will be fully operational at most Regional Offices and just 40 percent of our claims will be older than 125 days.

We have not fixed everything. We know that. But you have had our very best efforts. I'm proud of the 315,000 people who come to work everyday at VA, 100,000 of them veterans, and we will continue to provide you our very best efforts as we continue to work on these requirements together.

It's been an honor to be here with you today. God bless those who serve and have served our nation in uniform. God bless our President, and may God continue to bless this wonderful country of ours. Thank you all very much.

[Applause.]

VADM RYAN: Thank you, Mr. Secretary. The Secretary reminded me if anybody has questions, Kevin, and we'll get you the answers to those.

Mr. Secretary, on behalf of NDIA and our Chairman Steve Abbot at MOAA, we want to thank you for your passion, your vision, your leadership, and we also on behalf of NDIA and MOAA want to thank you and Patty for all you continue to do for our nation. You're making a huge difference, and I'd

like to present you with this.

[Applause.]

SECRETARY SHINSEKI: Thank you very much.

VADM RYAN: Okay. The Secretary said make sure that we get everybody fed and so that's what we're going to do. But I first, again, want to thank USAA, General Speakes, for their executive sponsorship of the day today, and we also want to thank Strategic Resources Incorporated, SRI, for sponsoring the lunch today.

How about a round of applause for them as well?

[Applause.]

VADM RYAN: Our lunch is a buffet so table guides can assist you in getting your lunch. We'd ask you to return to your seats with lunch and mix with everybody here, network. The afternoon program will start at 1:30. We'll have the Surgeon General of the Army here. We'll have Senator Elizabeth Dole here for a fantastic program.

If you can be back in your seats by 1:25, we'll get started. Let's take a break for lunch.

Thank you, everyone.

[Whereupon, at 12:40 p.m., the Morning Session concluded and a luncheon break was taken, and at 1:35 p.m., the Afternoon Session was convened.]

A F T E R N O O N   S E S S I O N

[1:35 p.m.]

MG BATES: If everyone will begin moving to your seats, we'll begin the afternoon program. Good afternoon, ladies and gentlemen. My name is Barry Bates. It will be my privilege to represent NDIA in co-hosting the afternoon's program along with Admiral Ryan.

Before we begin the afternoon program, I would like to express our appreciation to Strategic Resources Incorporated, our lunch sponsor. If you enjoyed lunch, please let's give them a hand.

[Applause.]

MG BATES: I hope that you had some time during lunch to speak with some of the exhibitors out in the Atrium and talk with them about their services and their products. We sincerely appreciate their support as well, along with that of our sponsors, and I invite you to join me in thanking them once again for their support of the event.

[Applause.]

MG BATES: I would also like to recognize a special guest who has joined us since we began this morning, the Honorable Collin McMahon representing the White House. He is the Special Assistant to the President for Presidential Personnel, and in that position, he is the lead for all political appointments for the national security related agencies and departments within the administration.

He is an Army veteran, having served nearly ten years with multiple deployments to Iraq and Afghanistan. Mr. McMahon, welcome to you as well.

[Applause.]

MG BATES: So we'll begin the afternoon program welcoming you to the Wounded Heroes Recognition Reception Program. This part of the day is intended to honor the individual service and sacrifice of seven wounded heroes from the uniformed services, celebrating their accomplishments and recognizing the individuals and organizations that were instrumental in aiding them

in achieving their dreams.

A video portraying each hero's individual story will be played describing a successful milestone in their life. At the conclusion of the program, other wounded heroes, both currently serving and veterans, as well as organizations, will be recognized by group for their service and contributions.

But before we get to that portion of the program, we've got two distinguished speakers that we would like to share the podium with. First, Lieutenant General Patricia Horoho, United States Army, will begin our afternoon program with keynote remarks.

Lieutenant General Horoho assumed command of the U.S. Army Medical Command on 5 December 2011, and was sworn in as the 43rd Army Surgeon General on 7 December 2011. Prior to becoming Surgeon General of the Army, Lieutenant General Horoho deployed with I Corps, as the Special Assistant to the Commander, International Security Assistance Force Joint Command, Kabul, Afghanistan.

Among her many honors are included the Time Life Publication's recognition for her actions at the Pentagon on September 11, 2001. In 2002, she was among 15 nurses selected by the American Red Cross and Nursing Spectrum to receive national recognition as a "Nurse Hero."

During her promotion and appointment ceremony, Lieutenant General Horoho remarked we are dedicated to identifying and caring for soldiers, soldiers who have sustained psychological and physical trauma associated with an Army engaged in a protracted war, adding that the warfighter does not stand alone.

Please join me in welcoming Lieutenant General Patricia Horoho, Army Surgeon General and Commander, U.S. Army Medical Command.

[Applause.]

LTG HOROHO: Thank you. Thank you kindly for the box that you just put in front so that I can look over it.

[Laughter.]

LTG HOROHO: Good afternoon, everybody.

It's a true honor to be able to be here and an even greater honor to be able to be here with our servicemembers who have given so much to our nation. Thank you very much, very much.

I'd like to recognize the presence on this stage of one of our nation's leading public servants and a fellow North Carolinian, Senator Elizabeth Dole.

[Applause.]

LTG HOROHO: You're an inspiration, and you really are a true national treasure. So thank you for your long service to our nation.

To the men and women here representing our wounded warriors, veterans, families and caregivers, it is truly a humbling opportunity for me to be able to be with you this afternoon. It's my pleasure to be here representing the Chief of Staff of the Army, General Odierno.

These days there's commonly a military acronym that summarizes things, and it's called the "Bottom Line Up Front," or we refer to it as a BLUF. Here's my BLUF. Thank you for your service

to our nation. For those of you who are currently wearing the uniform, those who formerly wore the uniform, and all of the family members that support you, thank you for answering the call to our nation.

You have my profound gratitude for your continued service in whatever capacity you continue to serve in, for your continued support to our nation, and your resilience and the example you set for each and everyone of us.

You are the embodiment of the indomitable American spirit, and I thank you all for what you have done and what you continue to do for our country.

I plan to borrow a message from General Odierno's philosophy for our Army. He boils our mission down to three principal and interconnected roles: prevent, shape and win. The Chief points out that we must ensure sufficient attention to each one of these roles. I submit to you that these words, "prevent," "shape," and "win," provide a construct not just for our Army but for other

organizations like those that are represented here today and equally well to each and every one of you as an individual.

Let's first look at those, how those ideas apply to the Army and Army medicine. First, our Army must prevent conflict. Prevention requires a credible force with sufficient capacity, readiness and modernization. It requires investment.

Army medicine plays a critical role by preventing illness and injury, treating the sick and wounded, and enhancing the readiness of our force through health.

The next role is shape. Our Army must shape the international environment so our friends are enabled and our enemies are contained. Army medics and their peers in the other services are some of the nation's most versatile and successful shaping tools. Health care meets a basic human need. We make friends and allies by sharing our medical expertise through military-to-military training and, so often, as first responders to humanitarian crises around the world.

The final role of the Army is to win. We must be ready to win decisively and dominantly. Here Army medicine plays an obvious role with our embedded medics carrying lifesaving medical care on the battlefield, and they carry that care on their backs, and our Joint Trauma System with its 8,000 mile operating room that stretches from Kandahar to Landstuhl to Walter Reed to San Antonio to the Veterans Affairs hospitals and other facilities across the United States.

So how does that construct, "prevent, shape and win," apply to the service organizations that are here today and others that work tirelessly to support our veterans and our families? Your efforts protect the benefits of Americans who have answered the nation's call--our veterans and families--your efforts to prevent the erosion of benefits, make sure certain promises are kept, and ensure that military service continues to be a positive opportunity today and into the future.

Your active participation with the federal government continues to shape development,

implementation and execution of policies that are supporting our veterans and their families. You also directly shape the environment and the opportunities available to veterans and their families through education, employment, outreach and a host of other efforts.

So what is it to win for service organizations? One tremendous example is this gathering that is here today. Your sponsorship of forums like this is to elicit feedback from those, and we celebrate you and our veterans for taking the time to bring so many talented leaders together that are really focused on hearing the voice of our veterans and the concerns so that that can continue to shape the future support.

For individuals, "prevent, shape, and win" support what I consider to be the most important personal goal for each one of us, and that's health. Your health and that of your families, your friends, units, communities, and ultimately of our nation can be enhanced by your efforts to prevent, shape and win.

So what is health? The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In other words, it's not enough to simply say that we're not ill or injured, and, in fact, it's not an option for our wounded warriors, but rather to live to our highest potential and to the best that we can.

When you think about your health and your family's health, prevention is paramount. Prevention means immunizations and screening, such as dental, cancer, PTSD, Traumatic Brain Injury, and depression. Prevention helps you avoid the avoidable--mumps, chicken pox, advanced cancers, undiagnosed brain trauma, and suicide.

The next area of individual control is shaping. The question to consider is where does health happen and how can you influence it? Each one of us has 525,600 minutes in a year that we live. We in the business of health care see you on an average of 100 minutes during the year, and

that's if you visit us anywhere from one to five times.

So the rest of the 525,500 minutes is what we're calling the life space, or the white space. And so for the people in the audience that are counting up math, that means that about 99.98 percent of what you do in your life during that year is spent outside of the hospital. It's in your life space, it's in your work space, and it's where you're making those decisions.

That's really where health happens, and that's where we need to affect. About a third of your life is spent working, a third of your life is spent with your family, and a third of your life is spent with your friends.

You might ask yourself do I have balance in my life, balance between work, family and sleep? In Army medicine we're developing the performance triad programs for our soldiers and their families, and we're focusing on activity, sleep and nutrition, and we're researching and packaging best practices of corporations, organizations,

successful communities, to help you better shape your life space.

We're introducing some new ideas about vital signs, not the standard vital signs you get when you go to see a doctor, but rather a new set of health vitals that help you track your activity, nutrition and sleep--three key elements to your overall health.

Finally, what does win mean for an individual? It means achieving an optimal health status, actively participating in your family and communities, and sharing your experiences while lending a hand in need. And I think those three things right there, you'll see in our warriors, and I know you see that everyday--their ability to overcome great odds, their ability to really manage and inspire themselves to achieve greatness and get to the maximum level of health.

In conclusion, I want to thank each and every one of you and all of the services and the sacrifice and the dedication that you all have supported our military regardless of the uniform

that they wear.

Right now we are on an extraordinary path to overcoming adversity, and it's going to take each and every one of us as we focus on prevention, focus on the responsibility of shaping, and focus on the responsibility of winning. So thank you very much. Focus on your life space, continue to focus on our communities, and together I believe we can increase the health, not just of our military, of the family members that support them, but I think we can be active drivers of change for our nation in increasing the health of our nation.

So thank you very much for all that you do and the support that you give. It's been an honor to be here. Thank you.

[Applause.]

VADM RYAN: Well, thank you, General, for taking the time to be here with us today, for your inspiring example, and for your vision and leadership. We're very, very grateful for all that you're doing for our nation.

I think the General hit it on the head

when she talked about our next speaker, and speaking about Senator Dole being a national treasure, she and her husband are this nation's treasure. We're very honored and very grateful to have her here today.

She whispered in my ear to please keep her introduction brief, and so I will, but I think the most important thing about Senator Dole is that once she left the Senate, she has never stopped serving. She continues to serve, and most recently, in starting the Elizabeth Dole Foundation with the express purpose of caring for military families.

She is one who recognizes the need to keep giving back. She has supported military families and continues to be an extraordinary servant leader.

Please join me in welcoming Senator Dole.

[Applause.]

SENATOR DOLE: Thank you so much, ladies and gentlemen, for that warm welcome, and let me say, Admiral Ryan, I appreciate very much your kind

words of introduction, and it's such a privilege and pleasure to be with you, and I've enjoyed our opportunity to discuss issues in the past.

And to Lieutenant General Horoho, my goodness, what an excellent keynote speech, and I was touched by your words. Thank you so much. And I was in North Carolina yesterday, as a matter of fact. It's wonderful to be with you today.

And ladies and gentlemen, let me just say what a privilege it is to be a part of today's recognition ceremony. The Military Officers Association of America and the National Defense Industrial Association have been supporting our servicemembers for a combined total of over 175 years. I appreciate your enduring commitment to our all volunteer force which keeps this great nation strong.

I'd also like to recognize the millions of men and women who are proudly wearing the uniform or who have worn the uniform since that awful day on September 11, and I want to recognize their families. Tens of thousands of you have been

wounded or injured in the line of duty. I so admire your valor and heroism, your service and your sacrifice. You deserve and have certainly earned our deepest respect and gratitude.

To the organizations that work tirelessly on your behalf, a heartfelt thank you.

I'm pleased that this recognition ceremony honors wounded warriors who have achieved significant milestones and the outstanding organizations which provide hope and healing, and that's where I'd like to begin today in my remarks.

I had the privilege of serving as Secretary of Transportation under President Ronald Reagan. I vividly recall his message in 1984 to the American people, "It's morning again in America."

To me, these words are uplifting. They inspire renewal, hope, optimism, transformations born in many cases of difficult times. One such time took place about three years ago when my husband Bob Dole and I were visiting World War II veterans at their memorial, as we do just about

every Saturday.

One of his fellow veterans suddenly shouted, Senator, you're standing in a pool of blood. Well, we rushed Bob to Walter Reed Army Medical Center in what became an extended stay. I was there at the hospital almost everyday, and I was privileged to visit many of our wounded warriors and their family caregivers.

It was a special joy for me to take groups of family members downtown to Washington for dinner. Afterward, we'd take a nighttime tour of the Jefferson, Lincoln and Washington Monuments to raise their spirits and to share the beauty of our nation's capital. One of my guests was a mother that I had met sitting at the bedside of her only son, CJ Stewart.

On the walls of his small hospital room were scripture verses sent on a daily basis from his dad in Mississippi. Mrs. Stewart explained at dinner that a rocket propelled grenade near Kandahar had struck the area where her son was standing, crushing bones, tendons and nerves in his

right arm. Forty operations later, titanium rods had replaced bones, functioning nerves from both legs had replaced damaged nerves, and CJ Stewart, with the help of family and many friends was inspired to establish his own foundation to encourage young people and to help others in need.

A number of months after Bob Dole was able to return home from the hospital, we invited the Walter Reed families for dinner in our apartment to help celebrate his birthday, and what a wonderful night it was. Four busloads of guests arrived, and eight wounded warriors actually accompanied their families in wheelchairs.

Now our apartment is not large. But with the help of an air-conditioned tent over our patio, we were able to host about a hundred family members on what was reported to be--the press reported that day that it was the hottest day in Washington since 1923, the year that Bob Dole was born.

[Laughter.]

SENATOR DOLE: Well, it was an emotional experience for me, and certainly for Bob, too, and

it deeply touched my heart. Our guests' life stories were truly moving and powerful that night. One soldier, Chaz Allen, a double amputee, was wheeled in by his wife Jessica, accompanied by their two young daughters. Despite all, this heroic soldier, like you here today, sounded confident and strong.

He'd come through the ravages of war, and he was determined to write a new narrative of his life with the help of loved ones. It was not yet morning in America for Chaz, but he'd passed through the darkness, what must have been the worst experience of his life, and he was moving in the direction of healing and hope.

I was again inspired by the unwavering courage of our wounded warriors and the deep commitment shown by their family caregivers. I was also struck by a sense of urgency. We as a nation must do a far better job supporting family caregivers. I've listened carefully to them. They've talked about navigating bureaucratic obstacles and trying to find the right mix of

services among public, private and nonprofit organizations.

Many are struggling to cope with this life-changing course of events. They've spoken of the need for respite care. As I'm sure the discussions of this symposium have made clear, and what a wonderful symposium, progress has been made, but much more remains to be done, as we all know.

That's why after careful deliberation, I decided to launch Caring for Military Families: The Elizabeth Dole Foundation. Our goal: make life a little better for military families who have suffered physical injuries, invisible wounds of war, or both, by working together to offer more robust assistance to their family caregivers.

A few months ago, the Foundation commissioned the first-ever comprehensive evidence-based study of the challenges and needs of military family caregivers. For this critical research, I chose the RAND Corporation. As many of you know, RAND is a proven academic leader on military issues. Their seminal report, "Invisible Wounds of

War," under Terri Tanielian's leadership, was a much needed wake-up call on PTSD and TBI.

This study was effective in part because it provided actionable recommendations designed to achieve measurable concrete impact. That is what we aim to achieve with our RAND study, again, under Terri's leadership.

It will offer an in-depth gap analysis that compares the actual needs of military family caregivers to existing programs and policies. The Foundation will announce RAND's preliminary findings, what we're calling phase one of the study, in November. At that time, the Foundation will award a handful of innovation grants to leading grassroots and nonprofit organizations, which are developing innovative solutions to fill unmet caregiver needs.

In addition to the RAND study and the innovation grants, the Foundation will select about 20 military caregiver fellows. We will provide training and mentorship to help them make their voices heard. How many times I've heard "my voice

is not being heard." We want to make their voices heard to tell their own stories about their journey as a military caregiver.

Our intent is not only to empower them and raise awareness of their challenges but to salute their contributions as unsung American heroes and heroines. We have more on tap for 2013. Bringing together key representatives from the public, private and nonprofit communities, we plan to host a national conference to announce the full findings of the RAND study and its concrete plan of action to fill significant gaps in services.

I look forward to working with MOAA, NDIA, and other outstanding organizations represented here today as we strive together to enhance collaboration between the three sectors, thereby ensuring the most effective delivery of services to meet the needs of military family caregivers.

The Foundation also looks forward to organizing a national tribute to thank all of those who risked their lives to protect our freedom and our security and to once again raise awareness of

the tremendous challenges facing our military families.

I believe America has not fulfilled her promise to care for our wounded and their caregivers who have sacrificed so much. The Elizabeth Dole Foundation is committed to hope and healing for every single individual who has risked his or her life for our nation and their family caregivers.

Let us turn the problems you face into the opportunities you deserve. Only then will it be morning in America again for all of us. God bless each and every one of you, and God bless this great land of the free, America. Thank you so very much.

[Applause.]

VADM RYAN: Thank you so much, Senator. We're so inspired by your idea and your initiative and your servant leadership, and we look forward to working with you to get this done.

It's now my pleasure to introduce our master of ceremonies, Major Justin Constantine, USMCR J.D. We are particularly honored to have a

real warrior and hero with us as the master of ceremonies this afternoon to help us recognize some of his fellow comrades that are here on the stage.

Justin has his own incredible story of courage and strength and servant leadership as reflected throughout his career in the Marine Corps. Justin joined the Marine Corps after his second year of law school. While on Active Duty, Justin served as a Judge Advocate specializing in criminal law. He was stationed both in Okinawa, Japan and at Camp Pendleton, California, where he worked as a defense counsel and criminal prosecutor.

As a Marine Reservist, he volunteered for deployment to Iraq in 2006 and served in Al-Anbar Province as a team leader of a group of Marines performing civil affairs work while attached to an infantry battalion.

While on a routine combat patrol--I don't know how you can have a "routine" combat patrol, Justin was shot in the head by a sniper. Although the original prognosis was that he had been killed

in action, he survived. Through teamwork and a positive mental attitude, he has had quite a successful recovery.

His personal awards from his time in Iraq include the Purple Heart, the Combat Action Ribbon, and Navy-Marine Corps Commendation Medal.

Upon recovering from his injuries, he has worked with the U.S. Department of Justice and as a counsel for the Senate Veterans Affairs Committee. In early 2011, he started a job with the Federal Bureau of Investigation working as a counterterrorism specialist, and now he also runs his own inspirational speaking company.

Justin was recently selected for promotion to lieutenant colonel in the Marine Corps Reserves and two weeks ago started an advanced law degree program at Georgetown University.

Please join me in honoring Justin's selection to the grade of lieutenant colonel and thanking him for his service to our country and being our master of ceremonies.

[Applause.]

MAJ CONSTANTINE: Please don't embarrass me. Thank you.

Unfortunately, I got here late so I only had a chance to see a few people on the way in, but in looking around, I feel like the most popular man in the world because I know so many of us. I guess we've all been doing this for so long now, so I guess that's not the best thing in the world, but I think it's good that so many of us know each other. It's a small community, but we're doing great things here.

It's a real honor for me to be up on the stage, particularly since my grandfather was a colonel in the Army. He fought with Senator Dole in World War II. So it's really special for me to be part of the 10th Mountain Division to be here. We have a lot of Army 10th Mountain Division stuff at home that my mom still has, and it's special to me. I saw a lot of 10th Mountain Division folks in Iraq, and that is a unit that does a lot for this country.

Now you probably all heard the expression

"it takes a village," and if there is one thing that my wife and I have learned when it comes to recovering from these war injuries that so many of us have is that it takes a village. I know I'm preaching to the choir here, but it really is mindboggling how all encompassing these injuries can be, not just for the servicemembers who are injured, but for all those who come into contact with them on a daily basis.

It's been six years since I was injured, and I still get frustrated on a daily basis for any number of things, small or large, whether it's because I still spill food on myself at every meal, which plenty of my friends they say they do, too, so I guess maybe that's not too bad.

[Laughter.]

MAJ CONSTANTINE: At least I have an excuse. Or the headaches that a lot of us face that come and go on a regular basis. And then to look into the mirror and remembering what I used to look like. Six years, and I still here, and I know a lot of my brothers and sisters out there can

relate to this, but also from getting really upset about all the stories of our wounded warriors and their caregivers and how they keep falling through the cracks.

Post Traumatic Stress is having an incredible effect on our warriors. Many are getting in trouble for activities they would not have participated in before they suffered Post Traumatic Stress, and therefore they're facing legal trouble both inside the military and out, which is, of course, a big problem. Many just want to talk to someone about their issues, but they're facing any number of hurdles in doing so, and they end up taking it out on those closest to them.

Whole families are having to adapt, and that's proving to be an incredibly difficult challenge, and frankly the suicide rates themselves are a testament to the fact that we all have a long way to go to make sure our wounded warriors and their families are successfully transitioning to their new normal.

Fortunately, there are a lot of fantastic

groups out there designed to do just that. A lot of them are here today. And they all help to make up that village that I talked about earlier. Dahlia and I have been very lucky to have worked with a number of these fantastic groups during my recovery, and I would like to mention a few of them here today because they know they have helped us out, but they have helped out a lot of folks during their recoveries, and it also helps to give you an idea, as if you didn't know this, of just how many organizations each wounded warrior will come into contact with throughout his or her recovery period.

These are in no particular order, and I am going to mention some individuals who I saw who were here today. If you wait till the end, I'll have you stand up at one time.

The first is the Give an Hour Foundation, which provides an incredible service. It's free PTSD counseling across the country. I think at last count, they had over 6,000 private providers who were donating an hour of their time a week for this fantastic service. I'm, like the commercial

says, I'm also a client so I can testify to the efficacy of their counseling. Also--and I think Sally Charney is here today.

The Wounded Warrior Project takes a holistic approach to helping our wounded warriors and their families along physical and mental as well as economic and academic tracks to really support our wounded warriors and their families, and I know Phil Riley, and I believe Anna Frese is, as well.

The Injured Marine Semper Fi Fund is also near and dear to my heart. I think they've been around for eight years and provided over \$65 million in financial grants to wounded warriors or to injured servicemembers and their families, and we all know that the wounded warriors come into-- whatever your rank is, you're going to have some sort of financial issues after injury because the turmoil, whether it's moving across country or their families, now your spouse isn't working, whatever it is. And so the Semper Fi Fund continues to do amazing things.

Also I've had the benefit of enjoying a number of events of the Bob Woodruff Foundation where Bob and Lee have leveraged Bob's star power to make sure that so many groups out there are receiving grants, primarily dealing with TBI and PTS because of Bob's injury. I just saw Lee last night at a book signing for her new book, and it was great to talk to her and just to hear about updates for the Foundation.

A number of groups have recognized how important it is for our servicemembers to get out and participate in sports and get outside where we all like to be. I work closely with Disabled Sports USA. Kirk Bauer has led a number of expeditions of whatever mountain, whatever continent, you name it. I particularly like the golf tournaments. They are a lot of fun.

And also the Salute Military Golf Association provides free golf lessons for all the wounded warriors who are interested from now just Walter Reed, and they do great things. I think they have about ten or 11 pros who will come out

there and teach us golf, and it certainly helped my game, which I guess anyone could help my game.

[Laughter.]

MAJ CONSTANTINE: It was definitely very bad at one point. Also, I attended a couple years ago the Entrepreneurship Boot Camp for Veterans with Disabilities at Syracuse, and now they have a number of chapters across the country doing great things, helping wounded warriors set up their own businesses and then keeping them on track for years to make sure they succeed, and that's what we all want, to be in control of our lives because that was taken from us.

So we want to be able to control our own destiny as much as we can, and a small business is a big piece of that, and so I really applaud their efforts.

Also, I believe Kristy Kaufmann from the Code of Support Foundation is here, and I would be horribly remiss if I didn't mention the USO with Mr. Sloan. Everyone here knows the USO, and if you don't, then go back to Mars, I guess. I don't know

where you're from, but--

[Laughter.]

MAJ CONSTANTINE: --those are just a handful of groups I've worked with closely, and they're just so many out there that do wonderful things.

Within the government itself, I'd just like to recognize a few that I've been connected with. The Department of Labor and also U.S. Chamber of Commerce, and we have probably all heard about Chamber of Commerce's efforts to hire wounded warriors and encourage companies across America to hire wounded warriors and get us back to work, which we really need. That helps us recognize that we're contributing members of society again which really contributes to our mental health, which really controls everything as far as our recoveries go.

Also, there's a number of military, DoD and VA wounded warrior programs. Each service has their own. The Army Wounded Warrior Command. Colonel Gadson, who is a friend of mine, he's the

superman of wounded warriors. So he's doing great things there. The Marine Corps Wounded Warrior Regiment, I believe Lieutenant Colonel Senter is here. I'm not sure.

As you probably already heard this morning, the Wounded Warrior, within the military, Colonel Maxwell really was a catalyst for getting the Wounded Warrior Regiment started, and the Wounded Warrior Regiment led the way for the other services. Of course, I'm biased. I'm in the Marine Corps, but, yes, we did lead the way on that, we like to say, and, of course, Maxwell Hall down at Camp Lejeune is part of the Wounded Warrior Battalion East.

Lieutenant Colonel Wyatt runs the Air Force Wounded Warrior Program, and there is also the Navy Safe Harbor Program. I've worked with them, and all they care about is taking care of their sailors. You can see as soon as you talk to them, it's a good day when you get to work with them.

Finally, I would just like to recognize

some of the national models of community collaboration aimed at helping warriors, veterans and their families connect with resources in transforming a community of goodwill because everyone out there across this country, we know, has welcomed us home, unlike previous conflicts, has welcomed us home and really wants to help.

So these national groups are working to transform community goodwill into community service. And the three that I'm speaking about are the White House Joining Forces Initiative, Community Blueprint, and the Got Your Six Campaign.

I hope all of you can find a way for yourselves or for your organizations to work within the constructs of one or all of these initiatives because they are really doing a lot to bring all of America together to help all of us.

If I mentioned your name or if you're here representing one of the groups and I didn't mention your name, I apologize, would you all please stand so we can give you a special round of applause for all that you've done for us?

[Applause.]

MAJ CONSTANTINE: Thank you. Thank you.

I should have said--I don't think I mentioned the Semper Fi Fund. I see Karen is here. Karen Guenther. I believe Ann Conway is here as well. They have--those women are powerful. They can make it happen so great to see them.

We want to provide some special recognition here to Corporal Kevin Kammerdiener, who is U.S. Army (Ret). He fell ill. He's unable to join us today, but I'm going to tell you a little bit about him.

Kevin joined the Army in February of 2008. Three months later, he was critically wounded in Afghanistan. Since that day, his family has been right there by his side. Kevin lost nearly 85 percent of the left side of his brain and was burned over 30 percent of his body. Many in the military and VA medical community didn't give his mother much hope that Kevin would ever be able to communicate more than a few words or have more than a limited, very limited mobility.

Today, thanks to the fulltime love and support of his mother Leslie, Kevin is able to walk and talk and has a vocabulary of over 2,500 words. Thanks to the Wounded Warrior Project's Independence Program and their representatives here today, Kevin has the opportunity to live a more productive and better quality of life.

The Independence Program is a community-based reintegration project aimed at helping warriors with moderate to severe TBI or spinal cord injury or other neurological conditions manage their physical, social, recreational, cognitive, emotional functioning in the home and community.

Now I've seen the whole video. I know Kevin. I've seen a whole video about folks I guess who are really the ones I care about the most. Their lives are beyond description so the fact that Kevin has done so well is amazing. It's a testimony to him but also to those closest to him.

Prior to his injury, Kevin was an avid skateboarder, and Tony Hawk, a professional skateboarder and actor, was his role model. Kevin,

although you aren't able to be here with us today, Tony Hawk recorded a special message for you in hopes that you'll continue to get better and continue to get stronger. So, Kevin, this message is for you.

[Transcription of video presentation as follows:]

MR. HAWK: Hey, Kevin, what's up? This is Tony Hawk. I just want to say thank you for all your service to our country, and if anyone is a hero, you are obviously, and so that's why you're being recognized as a wounded hero.

I saw a video of you recently getting back on your skateboard. So I was stoked to see that and what can I say? We're all really proud, and you are the bravest, and the fact that you can get back up and move on with things you love is something very admirable and something inspiring.

So we want to thank you for everything, and I hope someday we can meet in person and I can thank you personally. All right. Stay strong.

[End of video presentation transcription.]

MAJ CONSTANTINE: Okay.

[Applause.]

MAJ CONSTANTINE: Now we're getting to the good part. We are going to individually recognize a number of wounded warriors who have done great things as well as those who are sponsoring them here. These are organizations, some of who I've already mentioned, but they've worked closely with these individual wounded warriors.

I'm going to talk to you and give you some details about these folks, and then after each one, we're going to recognize the wounded warrior and their sponsor.

The first is Army Corporal Jon Albrecht, who is retired from the Army now. And Corporal Albrecht's wife, Stephanie, just gave birth a little sooner than they expected so he's with his family today. He's not here, but we're still going to talk about him because he merits that.

Like so many, Army Corporal John Albrecht's story is one of courage and inspiration just like so many others are. He could be

considered the toughest of the tough. As an Airborne Ranger, he served twice in Afghanistan and once in Iraq. So he's definitely been there.

During those tours, though, he was stabbed in hand-to-hand combat, suffered gunshot wounds and riddled with shrapnel. With each injury, the self-professed stubborn soldier was patched up and sent back to the field with his men. On September 11, 2009, Jon's unit rolled into a complex ambush. As a result, he was knocked unconscious and eventually woke up in a hospital bed in Germany.

Jon incurred eye damage, injuries to his back, and multiple other injuries, which eventually ended his military career. Once he returned home, Jon underwent months of rehabilitation. His wife Stephanie and their son came to visit when they could. They lived nearby, but her work schedule and his therapy schedule made it difficult for the family to spend much time together.

A lot of you are familiar with these kinds of instances, and they're just heartbreaking. Operation Homefront gave the family the means to be

together again, and now they're currently living in transitional housing apartment in Operation Homefront Village right near Jon's doctors. John said I like it a lot, and the fact that they've included the family and everything is great.

He continued to say now I'm able to think about the next step and see what needs to be done to take care of my family. The new home is a true blessing, and we are so thankful to everyone for all they've done. This new home will be a great place for my family to settle and grow as they look forward to what the future brings.

And joining us on stage today is Mr. Jim Knotts. He's the President and CEO of Operation Homefront. As if we needed to say anything else after what Jon said, which, you know, is what more do you need, but Operation Homefront--I'll tell you a little bit about them--provides emergency financial and other assistance to the families of servicemembers and wounded warriors. Assistance is in the form of grants to service providers, and most commonly goes to cover the most basic of

needs: rent, utilities, and food.

With a focus on the families of those deployed, assistance most often goes to the junior and mid-grade enlisted ranks, usually E-1 through E-6. The organization's latest program called Homes on the Homefront provides mortgage-free homes and two-years of transition assistance to veterans of any era regardless of whether they were ever wounded. Begun in 2012, the organization plans to have placed 350 families by the end of 2013.

Now, I'd like to recognize Jim, and Jon is not here. But thank you so much for what you do.

[Applause.]

MAJ CONSTANTINE: We have an update. Two weeks ago, they were able to move Jon into one of those permanent homes so he's living proof of working through the system, and it's working.

[Applause.]

MAJ CONSTANTINE: Now, Lieutenant Brian Naughton, U.S. Coast Guard, Maritime Security Response Team. Lieutenant Naughton graduated from the U.S. Coast Guard Academy in 2006 and attended

the Navy Basic Underwater Demolition SEALs training, otherwise known as BUDS.

On the morning of 5 August 2011, five months into an 11 month deployment, Lieutenant Naughton was the senior man in a remote compound in central Helmand Province, Afghanistan with SEAL Team 10, Naval Section Warfare Group 2, Naval Section Warfare Command.

While responding to an enemy attack, Lieutenant Naughton was moving through the compound when enemy fighters employed a grenade. He and several others in his unit were in close proximity to the grenade when it impacted the compound. Brian received several fragmentation wounds and was evacuated for treatment.

He returned to the command five weeks later and completed his deployment. Today he is awaiting a Purple Heart for his combat actions. Brian has six years in the Coast Guard and plans to make it a career.

He credits the support of the Coast Guard and the able leadership of important programs like

Navy Safe Harbor, SOCOM Care Coalition, and organizations like the Wounded Warrior Project, who provided clean clothes, toiletries and the relaxing atmosphere for wounded troops while they recover from injuries from a forward operation base of action.

Joining Lieutenant Naughton today is Rear Admiral William "Dean" Lee, Commander, Fifth Coast Guard District. Rear Admiral Lee has overall responsibility for the full range of Coast Guard maritime safety and security missions carried out in the mid-Atlantic region from central New Jersey through North Carolina.

We'd like to thank both of them today and give them a big round of applause.

[Applause.]

MAJ CONSTANTINE: Prior to August 2005, Sergeant First Class Juanita Milligan was deployed as a civil servant military technician employed by the Army Reserve with two children and one foster child.

On August 20, with three months left on

her second deployment, Sergeant First Class Milligan's up-armored Humvee was struck by a roadside improvised explosive device, or IED, and she sustained multiple life-threatening injuries to the right side of her body from the explosion that changed her life.

Sergeant First Class Milligan was awarded the Purple Heart for her catastrophic injuries, a Bronze Star, and a Combat Action Badge for service in Iraq, along with numerous other commendations and awards.

She was promoted to Master Sergeant in September of that year. She remains passionate about, and thankful for, her 25 years of Active and Army Reserve service. Master Sergeant Milligan retired from the Army in April of this year at the same time her military technician position had been eliminated due to military reorganization.

She continues to wage a constant daily battle with not only her injuries but military and VA benefits. Master Sergeant Milligan now provides caregiving support to her son with special needs

and both of her elderly parents. And her daughter is currently attending college at Wichita State University and hopes to be a physical therapist in the near future. I wonder where she got that idea from?

Joining Master Sergeant today are Ms. Deborah L. Frett, the CEO of Business and Professional Women Foundation, Joining Forces for Women Veterans Mentorship Program; and also Dr. Lynda Davis, Senior Vice President, Service Member, Veterans and Family Support, ICF International.

As an advisor to the Business and Professional Women Foundation, Joining Forces for Women Veterans Mentorship Program, the Mentoring Advisory Council members were inspired, as we all are, by Master Sergeant Milligan's story, learning from her the challenges women wounded in service to our country face as they get ready to leave the military and prepare themselves for civilian life.

In initial support to the Foundation's commitment to building a viable mentorship program, ICF International contributed professional subject

matter experts in the area of mentorship, Web-based training, business processes, and human resources, and mentors to the program. ICF drew from its best practices in human resources and personnel training provided to DoD, VA, and other federal agencies in the development and operation of the Mentor Program.

Juanita continues to be a program advisor now, and the Foundation and ICF are helping her realize her career goals and remove barriers to a good quality of life for herself and her family.

I'd like to recognize all three of these wonderful ladies.

[Applause.]

MAJ CONSTANTINE: Staff Sergeant Dale Beatty served in all positions of a Field Artillery Unit until 2003 when he was selected to become the fulltime National Guard Readiness NCO for the Det 1 1/113th. In 2004, Staff Sergeant Beatty was deployed to Iraq in support of Operation Iraqi Freedom where his unit was attached directly to the 1st Infantry Division near Bayji, Iraq.

On November 15, 2004, while on a patrol route that was littered with highly active insurgent operations, the vehicle he was riding in was ripped apart by anti-tank mines.

The explosion was so severe that it left Beatty a double amputee below the knees. The Fisher House allowed Beatty's family to be by his side during his year-long recovery at Walter Reed Army Medical Center, and except for a few brief stints in the hospital, he was able to stay at home with them that whole time.

To have my family close by was good medicine, said Beatty. I could look at my boys and see that I have people depending on me, whether I had legs or not. It motivated me to really want to get better. He and a fellow wounded combat veteran, Specialist John Gallina, founded the Purple Heart Homes, a nonprofit organization established in 2008 to provide personalized housing solutions for service-connected disabled veterans and their families that are substantial in function, design and quality, homes that are fit to

welcome home and thank the fighting men and women of America.

Joining Specialist Beatty today is Mr. Derek Donovan, the Vice President of the Fisher House Foundation. I think the Fisher House Foundation is an amazing organization. I fortunately I was only in the hospital for five weeks so I didn't stay in one, but I've certainly seen them around the country, and they provide such a critical service, as we heard in that quote, to bring the families there so they can have a place to be while their wounded warrior is going through it because that is really what's going to help them get better is being close to their family and those that love them.

So we'd like to recognize both these men today. Thank you.

[Applause.]

MAJ CONSTANTINE: Now if you were here this morning, you already heard about Lieutenant Colonel Tim Maxwell and Shannon Maxwell. I know that we go way back. These are two personal heroes

of mine, and talk about a power couple, if by power couple you mean two people who are committed to each other and to helping everyone around them, two people who have overcome amazing adversity, and two people who are just making sure that those with TBI and PTSD are finding a way to a better life. This is a new definition of power couple because these two embody that.

And joining them today is Mike Zeiders, President of the Quality of Life Foundation.

I know some of you weren't here this morning so I'm going to go and talk a little bit about Tim and Shannon. Tim deployed six times throughout his career in the Marine Corps with three tours in Iraq and one in Afghanistan. During his final tour in Iraq, Tim suffered a severe TBI on October 7, 2004, when his forward operating base in Kalsu was mortared and shrapnel tore through the left side of his brain. If you go to his Web site, you can see a picture of the X-rays. It's really pretty neat.

[Laughter.]

MAJ CONSTANTINE: SemperMax.com. So, yeah. Tim retired on June 29 of 2009 after 21 years of honorable and dedicated service. Today he is President of the SemperMax Support Fund, an organization dedicated to working with and aiding wounded warriors and consulting those in a position to make a difference.

Tim and Shannon are dedicated and committed fulltime to advocating for the wounded, ill and injured and helping connect them to needed resources, and I told you that the Wounded Warrior Barracks down at Lejeune is named after Colonel Maxwell.

The Quality of Life Foundation has enjoyed collaborating with Shannon Maxwell since 2009 when she participated in a working group to shape what is now the Wounded Warrior Family Care Program. Her input was valuable in developing a gold standard of support for families who provide daily substantial caregiving for their veteran at home.

The Foundation continues to work with Shannon on particularly complicated cases to gain

her insight and consult. Shannon has donated books to the Foundation, autographed by her daughter, to send children of veteran families in the Wounded Warrior Family Care Program.

You probably heard this morning that Shannon has written several books, which I think is, I'm trying to write one, but can't get past page six. So I think that's particularly amazing--

[Laughter.]

MAJ CONSTANTINE: --that she's doing that. And the Foundation has also purchased her books for a children's play at the Polytrauma Center in San Antonio, Texas.

Ladies and gentlemen, Tim and Shannon Maxwell.

[Applause.]

MAJ CONSTANTINE: Stand up. Thank you. Those are our wounded warriors that we want to talk about, and now, well, actually we have one more. There is a special closing video message for--I don't know if anyone here has heard of J.R. Martinez. If you haven't, you don't watch Dancing

With the Stars, I guess. So here we go.

[Transcription of video presentation as follows:]

MR. MARTINEZ: Hey, it's J.R. Martinez here. First, I want to welcome all the participants and attendees to the Warrior-Family Symposium in D.C. I'm sorry I couldn't be there with you guys personally, but at the very least, I wanted to send you a video message, and, you know, to all of you there who have come out to be a part of honoring and celebrating and supporting the service and sacrifice of all those wounded, but also those that have served over the last decade or so.

And also I want to thank you very much for your service, for what you've done, for what you continue to do, and also to the family members, but I know there's a lot of organizations there that provide a lot of services for the servicemembers and their families, and I also want to thank you, and to your staff and volunteers and everyone involved.

You know, one of the biggest things that was tough for me coming home at 19 years old was asking that question why to every single person that was around me and to get the answer from them, which obviously they couldn't give me the answer because they didn't know why this had happened to me and what exactly I was going to do with my life from that point on.

Was I going to be able to be in the military, go back to being an infantryman in the United States Army, or was I going to be able to, you know, just be able to have a family, be able to walk out in public one day and just be a normal person? What was going to come of my life in a lot of ways, and there was a lot of questions, you know, but the biggest thing that I learned from myself was I felt that I had no purpose anymore, and I felt that, you know, my future was in limbo.

But what I found was a new purpose, and I found that I can actually do something completely different that I never thought in my wildest dreams I can possibly do and be able to feel good about

myself in a lot of ways and give me an opportunity to feel like I was a part of something bigger than myself again.

And what that was, was just, you know, helping, you know, patients in the hospital that were going through the same thing that I was going through, and it gave me a purpose. It gave me something else to do. I was able to link up with a few organizations and become a spokesman and just have an opportunity to share my story, to travel, to be able to inspire other servicemembers and their families, and to be able to give them hope in such a dark place.

And that was something for me that really allowed me to be where I am today, is to be able to get my story out, you know, not carry all that around with me. At the same time, it gave me an opportunity to find something else. I set a new goal for myself, and honestly, early on, my goals were simply to get through every single day, you know, as positive as I could be with the best attitude that I could possibly have, and if I did

those things, good things would come over time.

And it's been able to happen, and I never stopped believing. Didn't matter how bad the day was, didn't matter how much I stopped, you know, having a great attitude, I never stopped believing. I always believed in myself, and that was the biggest thing, and I had a lot of community support.

In my hometown of Dalton, Georgia, people I never knew came out to support me and show me a lot of love, and I think that played a very big factor in kind of boosting me to push me forward to believe that, you know what, at the end of the day, I'm still J.R. Martinez. Even though I've changed a little bit, I'm still the same person, and, you know, I was injured in 2003, and 2003, there was a lot of things that they were still trying to figure out how to take care of us when we came home, but I've seen a lot of progress over the last nine years, and I guarantee you that things are only going to get better, but that's only with every single one of you.

We've come a long way, but we can do a lot, a lot, a lot more. And I hope that you guys, no matter what your platform is, no matter where you are, no matter what you do, I hope you realize that your voice is important, and you have an opportunity to be part of this movement.

If I stand alongside you, if you stand alongside me, together we can attack this enemy of unemployment, of suicide, of PTSD, of TBI, of overcoming the stigma and educating the world on who we are as individuals, and what we can continue to do, and I hope that every single one of you would take on this challenge, and in the moments where you feel like you want to give up and the moments when you feel like no one cares, I hope you believe in yourself, and I hope you believe in the community, and you believe in America, that we love you and we support you 100 percent because they showed it to me, and they gave me opportunities.

But when those opportunities came, it's up to me to make sure that I take advantage of them, and I know you guys can do the same. So to all of

those in attendance that served in our military in whatever capacity, thank you for what you've done, and to the family members that supported them, thank you for what you've done as well, for the sacrifices that you've made, but also to every single one of the organizations in attendance and are watching this video, and to the staff, volunteers, everybody involved, thank you for what you do as well, for the service that you provide to every single one of those individuals, and to help their transition become a little bit easier when they come back home from the War on Terror.

So thank you, guys, and just please know that when I do what I do, no matter what it is that I'm doing, I represent every single one of you, and every time you do what you do, you represent me, and together we represent one, one family, we'll always be.

I hope you guys have a great conference, take a lot away from the conference, take it back to your communities, and grow from it, and be inspired, be rejuvenated, and you know we fought in

the military, but we shouldn't stop fighting when we come back home.

And we can defeat this enemy at home as long as we do it together. So take care, guys. Thanks, and have a great conference. Later.

[End of video presentation transcription.]

[Applause.]

MAJ CONSTANTINE: He packed a lot into a few minutes. He said a lot of great things, which I think we all think about, but maybe couldn't say as eloquently as he did, but he sure is right. We all should keep pulling together and pushing forward. He thanked all of you, but we're going to thank you also.

Before I hand the microphone back to General Bates, I'm going to ask different groups here to stand up so you can be acknowledged by us. First, anyone here who is a wounded warrior or a family member or caregiver of a wounded warrior, please stand and be recognized.

[Applause.]

MAJ CONSTANTINE: Excellent. Excellent.

Also, next, currently serving which includes Active Duty, Reserve and Guard as well as any veterans and your family members. Please stand.

[Applause.]

MAJ CONSTANTINE: Any government representatives supporting our military and veterans. There we go.

[Applause.]

MAJ CONSTANTINE: And finally, any nongovernment representatives or others supporting our military and veterans. I know there's a lot here. Everybody.

[Applause.]

MAJ CONSTANTINE: Okay. I'm going to get out of your hair and give it back to General Bates.

MG BATES: Great job, Major Constantine. Thank you very much. Wow. What a day. If you think back to when we first started this morning, in what I thought were very sincere concerns and commitment from Congressman Jeff Miller in his initial comments to us, two morning panels replete

with courage and resilience on the part of individuals and families and on a few of those in the room who were beside them along the way and provided support, provided encouragement, and in a number of cases provided means in order to help them along their journey, the common theme that all of them expressed was the need for our help, not just to recover from their physical injuries, but to assist them in the transition back to the normal life that many of us in this room enjoyed.

I think General Shinseki is a remarkable man. He was not here for those two panels, but if you listened to his comments closely, he touched on just about every shortcoming that the panels identified with some program or some commitment or some initiative to address those, and I think we got a heads up to invite him back next year and let him give us another report, Norb. So we'll think about doing that.

Lieutenant General Horoho, her comments of encouragement, certainly she is a position to do much and will do much in her role, and of course

Senator Dole, reminding us that it can be morning in America again, and not for just those of us in this room but for all of our wounded warriors and their families if we all commit to doing something when we leave here today.

Now we've accomplished about half of the objective. If you went back into the program, you would see that our objective was first to provide an overall awareness of the needs and subsequently the necessity for assistance that our wounded warriors and families continue to need.

But the second part of that objective is for those, for that increased awareness, to lead to further enhancements and to refinements of existing and new programs to benefit wounded warriors and their families. So that's our homework assignment as we leave here today, is to do something to convert this increased awareness that we all gained into some productive activity and energy.

I want to give a special thanks to those service organizations who sponsored wounded heroes for the afternoon recognition program--the Coast

Guard, Business and Professional Women's Foundation, ICF International, USO World Headquarters, Fisher House Foundation, Operation Homefront, and Quality of Life Foundation. Please join me in another round of applause for the work those organizations are doing.

[Applause.]

MG BATES: And the sincerest of thanks to all of the wounded heroes and family members for sharing your personal stories with us today. It requires courage to come before a public forum such as this and to open your mind and your heart and share with us your feelings, and we greatly appreciate your doing that for us today, to give us that awareness of where much work remains to be done.

Please know that you have not only our sincere gratitude but our undying admiration as well. Your contributions to today's discussions will serve to inform caregiving organizations, both government and nongovernment, of how best to support you and your families and those that will

follow you.

To the many organizations that have participated in some fashion today, please know that we greatly appreciate your contributions.

A final thanks goes to our exhibitors and our sponsors for their financial support of this symposium. Once again, General Speakes, our executive sponsor, USAA, thank you very much for your organization's support.

Now, to you, you have been a wonderful and a participative audience. We greatly appreciate your attention and your interest throughout the day. I sincerely hope that somewhere among the personal stories shared by wounded warriors and their families, somewhere among the comments offered by our keynote and guest speakers or perhaps from among the comments and questions posed during the course of panel discussions, that there are some nuggets of wisdom, of advice, or counsel that have been uncovered, and that will serve to inform and improve future efforts to provide care and support to wounded warriors and their families.

And now at the conclusion of the conference, the symposium, I invite you all to join us in the Atrium for light refreshments before you depart for the day. Thank you so much, not just for your attendance today, but what you do everyday for this wonderful cohort of wounded warriors and families that we celebrate this afternoon.

Thanks very much.

[Applause.]

[Whereupon, at 2:45 p.m., the 2012 Warrior-Family Symposium was adjourned.]