STATEMENT FOR THE RECORD

For

United States Senate

Committee on Armed Services

Wounded Warrior Policy and Programs

I was medically retired from the U.S. Army in September, 2008 after being injured in Iraq on October, 2006. When I retired, I had completed 14 years of Active Duty and 20 years of Reserve Duty and served on multiple OEF and OIF deployments since 09/11

When I was originally injured in October of 2006 in Iraq, I was Medivac'd out of Theater and sent to Launsthul Regional Medical Center in Germany for evaluation. My memory is extremely vaque about this. I was told that I spent 7 days there and convinced the Neurological staff that I was fit to return to duty. I returned to Iraq, of which I do not remember any of this, and spent approximately 10 days there. I was allowed to go out on missions to Forward Operating bases, and on mission convoys. It was then reported to my Chain of Command that my behavior was extremely "bizarre" and I was referred to the Air Force Expeditionary Hospital Neurologist. After being examined by him, the Orthopedic Staff, Eye Specialist and Hearing Specialist it was determined that I had a Traumatic Brain Injury, Eye Injury, Moderate to Severe Hearing Loss and a Fractured Right Patella (Knee). I was put on priority Medivac to Launsthul Regional Medical Center enroute to Brooke Army Medical Center (BAMC). I do not remember any of this, and have referred to my records for this information. Based on my records, the Chief of Neurology at the Balad Field Expeditionary Hospital informed my Command that I did a "very good sales job" of talking myself back to Iraq to rejoin my unit and should have been sent stateside immediately.

In route from Iraq to Germany I had several "unresponsive" episodes during flight. What I do remember about my 1st few months a BAMC was that the system was "overwhelmed" with the influx of new patient's. I was pretty much on my own for two-three months. I had a couple of "Battle-buddies" who helped me with dressing, bathing and eating, as I was not able to do any of these unassisted.

I believe it was approximately 3 months after being there that I began to work with my Case Manager, Ms. Ella Stiles. She immediately began to make things happen in a positve way for my Health Care. About this same time, I was contacted by the U.S. Army Special Operations

BAMC Liason, Sergeant First Class Craig Coker, who informed me that he had just found out I was one of his Special Operations Officer's that the "ball" really began to "roll".

Once he got involved, I began to get the care I needed for my aforementioned injuries. As mentioned I was medically retired from the Army at 100% in September 2008 and am now enrolled full time at the Easter Seals Hospital Brain Injury program in San Antonio, Texas where I continue to participate in their Cognitive Rehabilitation Therapy program.

There are some things that I think must be changed: The Traumatic Servicemember Group Life Insurance Program expanded this past year to include Traumatic Brain Injury (TBI). While implementing these new changes, the GAO contacted my wife and asked to use my Medical Records in developing the criteria for Moderate/Severe TBI.

When the changes were implemented, the CARE Coalition which is part of the Special Operations Command submitted my TSGLI Insurance Claim packet. I met the requirements for the maximum insurance reimbursement amount of $100,000; however, I was only awarded partial payment with no explanation of why. I am currenly awaiting word on my Appeal that has been submitted by the CARE Coalition. This program is not user friendly, if the injured servicemember meets the requirements for a particular payment amount, he should get it. I feel this is looked at as a game of "lets" only give minimal amounts and make the servicemember file an appeal, and then we will give a little more, and if a final appeal is filed we will give some more.

Secondly, I have great "heart-burn" over the Concurrent Receipt Law as now written. As the law now stands, only a servicemember with 20 active duty years is allowed to get both his/her Military and VA pension simultaneously.

A Chapter 61 (Medical) Retiree with less than 20 active duty years is not eligible for concurrent receipt; a Chapter 61 National Guard or Reservist with a "Twenty Year" letter is elgible, once they turn age 60. This is a clear case of bias and injustice. The servicemember, and Guardsman or Reservist who is injured in combat in a Theater of Operations who was wounded by no fault of his own should not be penalized for **"getting blown-up"** or **"shot"** prior to serving 20 active duty years. I had served my country for over 34 years and did not choose to be seriously injured in Iraq in 2006.

This injury has not only ended my Military career, but also my civilian career as a Engineer with the Department of Defense for whom I worked for 18 years and as a Licensed Peace Officer in the state of Texas where I served as a Reserve Sheriff's Deputy for 8 years with the Comal County Sheriff's Department. I hope this committee is instrumental in doing the right thing in helping make the appropriate changes to the Concurrent Receipt Law to include those

such as myself who received combat injuries and forced to retire prior to serving 20 years of active duty.

I would also like to give accolades to the Disabled Sports USA program who has been sponsoring me to participate in Adaptive Sports these past few months throughout the United States the past few months, and the Department of Veterans Affairs, Frank Tejeda Outpatient Clinic, Vocational Rehabilitation Counselor who got me enrolled in the Easter Seals Program.

Most Sincerely Yours,

RAYMOND T. RIVAS
Lieutenant Colonel (Retired)
CA, USAR