

**STATEMENT OF  
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OF THE  
DISABLED AMERICAN VETERANS  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
JULY 22, 2004**

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to present the views of the Disabled American Veterans (DAV) and its Auxiliary, on the evolution of collaboration between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) in research and amputee care for veterans of current and past conflicts, and needed reforms in VA blind rehabilitation services.

The Veterans Health Administration (VHA) is the largest direct provider of health care services in the United States and offers specialized care that is world renowned to veterans with amputations, spinal cord injury, blindness, posttraumatic stress disorder, and brain injury. Access to high quality, timely health care services is essential for many DAV members, especially those who have suffered severe or catastrophic disabilities as a result of their military service. Therefore, preservation of VA's specialized disability programs is of the utmost importance to DAV and our members.

### **VA Prosthetic Services**

One of VA's primary missions is the medical and rehabilitative care of catastrophically disabled veterans. Over the past year, there has been increased concern whether VA is able to provide the necessary specialized care, including prosthetic services, to veterans returning from Iraq and Afghanistan who have suffered traumatic amputations. The focus has been on VA's and DoD's handling of these cases, and collaboration between the two Departments as the wounded soldier transitions into veteran status and, in many cases, from one health care system to the other.

Several newspaper articles have been written about returning soldiers who have been severely wounded and are now undergoing extensive rehabilitation at Walter Reed Army Medical Center and other military installations. There are reports that DoD is providing the finest prosthetic items available to wounded soldiers and that everything possible is being done to help military personnel who have suffered these devastating injuries to regain their good health and live full and active lives.

Congress has been supportive as well. The *New York Times* article, "Redefining the Front Lines in Reversing War's Toll" stated that, "[i]t is not an inexpensive proposition, reflecting a cost of war that is less apparent than money spent for supplies and ammunition."

The article noted that, since 2001, Congress has provided Walter Reed an additional \$6.6 million in funding to cover the costs of treating returning wounded veterans, many who need very lengthy specialized care for their injuries. The prosthetic items purchased by Walter Reed, according to the article, can cost over \$150,000 each. DoD is apparently fitting new amputees with high tech items such as the \$85,000 myoelectric arm, which is powered by a lithium battery and approximates hand movements through electrical impulses when remaining muscles in the arm are flexed, and the c-leg, a technologically advanced prosthetic leg with a computer-chip costing on average \$50,000 each. Some of the other prosthetic items provided by DoD are not even available yet in the private sector. According to the *New York Times* article, a state-of-the-art prosthetic lab at Walter Reed houses technicians that help fine-tune the newly provided prosthetic items. Computer programs and magnetic resonance imaging are then used to custom fit the devices to the affected limb to achieve a perfect and comfortable fit.

We could not agree more that providing essential health care services to our nation's disabled veterans is a continuing cost of war. Recently, the Senate included provisions in the fiscal year 2005 Defense Appropriations bill to further increase funding for specialized health services for wounded troops from Iraq and Afghanistan. Key sections in the measure include \$18.4 million for specialized care of amputees, \$9.4 million for upgrading facilities and services at Walter Reed Medical Center's Amputee Center, and an additional \$9 million was designated for research on prosthetic care, limb development, and rehabilitation.

In many cases, the next step for the wounded soldier is discharge from the military and transition into veteran status. It is our understanding that VA is doing everything possible to coordinate with DoD to make this transition as seamless as possible. It appears that much of the cooperation between the two Departments has been accomplished through informal networks. We encourage VA, through these relationships, to formalize and expand transition programs to ensure injured soldiers receive a full continuum of care without experiencing bureaucratic red tape. We were informed that VA Secretary Anthony J. Principi has put a high priority on care for wounded veterans returning from Iraq and Afghanistan, and that VA is prepared to handle the specialized needs of veterans seeking VA prosthetic and rehabilitation services. We are pleased to hear this, but we have some concern about funding for these specialized programs and continuing care for previously wounded veterans who also have prosthetic needs.

Initially, DAV believes full funding for veterans' health care is essential to ensure timely, quality health care services are provided to eligible veterans. Currently, VA's prosthetic department is funded under a centralized budget. We support the continuation of centralized funding for VA's prosthetic service to ensure that VA is able to meet the needs of disabled veterans with catastrophic disabilities. Right now there is strong support for our troops, especially those who have been severely wounded, and a renewed interest in what is being done to ensure these men and women get the health care services they need. We are pleased that additional funding has been proposed for specialized amputee care and rehabilitation in the fiscal year 2005 Defense Appropriations bill. However, we want Congress to provide sufficient funding for the entire VA health care system as well, and maintain close oversight of VA's special disability programs, including prosthetics. In many cases, VA will be the agency responsible for providing a lifetime of care for these seriously wounded veterans. Some veterans will need specialized prosthetic care to properly maintain or replace their prosthesis; others will

need a full continuum of health care services, including mental health services to cope with the severity of their disability.

We are concerned if VA is fully prepared to meet these catastrophically disabled veterans' needs, given the new and very costly prosthetic items that are being provided by DoD. Additionally, we question if VA can continue to provide the same level of care for veterans who suffered traumatic amputations in previous wars and conflicts. These veterans deserve priority care as well, and, if necessary, access to new prosthetic devices. DAV members who have received specialized services from VA for limb loss have complained that it is frequently difficult to find a good prosthetist or one that will accept VA's reimbursement rate for making a new prosthetic limb. Our members tell us that there is a very unique relationship that must exist between a prosthetist and amputee patient. The prosthetist must be flexible and willing to listen to the veteran and consider his or her personal needs. There must be a level of trust and confidence that the prosthetist is qualified and able to make an item that is tailored to the veteran's needs; one that is both comfortable and fully functional. Ultimately, all service-connected veterans with amputations deserve to have cutting edge, top quality prosthetic items that provide the highest level of function.

Whether a veteran has been using VA prosthetic services for years or is a new user of the system, VHA must ensure that new technology and/or the services of master prosthetists are available to veterans based on their needs. VA should reach out to veterans with amputations who are current users of the system and inform them about the newest and most advanced prosthetic items available. Many older veterans may not be aware of the technological advances that have been made recently that could make them more functional and greatly enhance their quality of life. Likewise, VA must receive adequate funding for maintenance and issuing of these specialized items. Sufficient funding is also necessary to prevent delays in orders of prosthetic items, properly maintain training programs for physical medicine and rehabilitation programs directly related to special disabilities, and maintain a sufficient number of skilled personnel. Additionally, all VA prosthetic labs should be certified to ensure quality. Finally, VHA must guarantee consistent application of prosthetic devices and proper application of national VHA prosthetic policies and procedures.

Without question, VA should be a leader in the industry when it comes to conditions prevalent among veterans, especially war related injuries. DAV strongly supports research programs focused on veterans health concerns, particularly those related to aging and disability. Therefore, DAV recommends VA develop several centers of excellence to explore new technological advances for prosthetics, promote research, education, and new treatment and rehabilitation models for veterans with amputations. VA should also take this opportunity to reevaluate and improve its rehabilitation services with a focus on traumatic amputations resulting from combat-related injuries. Likewise, VA has a unique opportunity at this time to launch new research studies in prosthetics. Veteran-focused research in this area is especially important now and should be a top priority for VA.

In closing on this section, we strongly believe that decisions about VA's prosthetic services should be patient oriented, not budget driven. Disabled veterans should be allowed to collaborate with clinicians and participate in the selection process of choosing a personalized

prosthetic item to ensure they maintain their freedom of choice and to maximize their independence and facilitate their lifestyle.

## **VA Blind Rehabilitation Service**

VA's Blind Rehabilitation Service (BRS) is known worldwide for its excellence in providing comprehensive blind rehabilitation services to our nation's blinded veterans. However, to remain on the cutting edge, VA must rededicate itself to the excellence of these specialized programs for blinded veterans.

The DAV, along with the other co-authors of *The Independent Budget (IB)*, American Veterans (AMVETS), Paralyzed Veterans of America, and the Veterans of Foreign Wars, identified several deficiencies in VA's Blind Rehabilitation Service and recommended improvements. Initially, we noted that many blind rehabilitation centers are unable to operate all of their beds due to reductions in staffing levels causing blinded veterans to wait longer for needed services. VA must restore bed capacity in all blind rehabilitation centers to the level that existed at the time of passage of Public Law 104-262. Currently, there is an insufficient number of key personnel trained to meet the specialized needs of blinded veterans, specifically visual impairment services team coordinators and blind rehabilitation outpatient specialists. Staff in these positions provide essential services, including comprehensive assessments for entry into residential blind rehabilitation centers, and in-home blind rehabilitation training. The latter is especially important given VA's shift to outpatient care services, focus on alternative health care delivery models and a rapidly aging veteran population in need of blind rehabilitation services as a result of age-related diseases. To meet the changing needs of this specialized population, VA must constantly reevaluate its programs and ensure appropriate staffing levels of all blind rehabilitation specialists based on need.

The IB also called for additional funding for research into alternative models of care for blind rehabilitation services, but cautioned that other service delivery models should be thoroughly tested and validated prior to dismantling existing programs. Likewise, if needed, VA should expand capacity to provide computer access evaluation and training for blinded veterans by contracting with qualified local providers when and where they are available.

VA's specialized disability programs are essential for many of our nation's most severely disabled veterans; therefore, we must ensure they are not dismantled, diminished or compromised due to insufficient staffing levels or for purely budgetary reasons. To maintain and continue the success of these highly specialized programs it will require oversight by Congress, veterans, veterans service organizations, and other interested parties. During a period of war, it is critical that VA has the resources it needs to provide specialized care now and in the future to veterans who have sacrificed their health and well-being in defense of our nation.

Again, we thank the Committee for holding this hearing today and providing DAV the opportunity to express our views on these important issues.