

**STATEMENT OF
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THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
PENDING LEGISLATION**

APRIL 23, 2015

Chairman Benishek, Ranking Member Brownley, and distinguished members of the subcommittee, On behalf of our National Commander, Michael Helm, and the 2.3 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on pending legislation before this subcommittee.

Draft bill

To amend title 38, United States Code, to improve the reproductive treatment provided to certain disabled veterans

As a result of more than a decade of war, thousands of male and female service members are returning home with physical and/or psychological wounds of the war resulting in a variety of fertility and reproductive health issues. Many young servicemembers have been documented with low testosterone levels that can be attributed to the medications that they are taking for their physical injuries, and conditions such as traumatic brain injury (TBI) or posttraumatic stress disorder (PTSD), as well as the poisonous effects of environmental exposures they have faced while serving on active duty.

Currently, the Department of Defense (DOD) and Department of Veterans Affairs (VA) offer servicemembers and veterans some form of fertility and reproductive treatment and counseling. However, the servicemembers and veterans who choose to start a family but struggle with fertility issues as a result of their injuries will, in many cases face paying tens of thousands of dollars out of pocket for treatments and services that are not paid for by the DOD or VA. Some fertility treatments can be extremely costly. Veterans currently cannot receive many of these services from VA.

The DOD and VA need to put emphasis on creating solutions for those who have lost anatomical parts required to participate in the physical act, but there seems to be little support either through counseling or medical intervention to offer young veterans who has lost his/her ability to procreate due to lack of testosterone. Unfortunately, many veterans with TBI are also on hypertension medications, and adding sexual performance medications can represent a serious health risk. This can also create a loss of intimacy in relationships, exacerbating psychological

disorders such as PTSD and depression. Ultimately, it affects the self-esteem of both veteran and spouse.

The American Legion urges Congress and the Department of Defense to support and fund quality of life features including, but not limited to adequate medical, mental health, and morale services as well as for Congress to extend and improve additional quality of life benefits to servicemembers and dependents who have been injured while serving on active duty.¹

The American Legion supports this legislation.

Draft bill

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to submit an annual report on the Veterans Health Administration and the furnishing of hospital care, medical services, and nursing home care by the Department of Veterans Affairs.

In December 2014, the Congressional Budget Office (CBO) published a report *Comparing the Cost of the Veterans' Health Care System with Private-Sector Costs*. This report attempts to assess the question if health care for veterans provided through the Veterans Health Administration (VHA) is less expensive than receiving health care from private health care providers in the community. The CBO report states that based upon the currently available data and research, there is “*limited evidence and substantial uncertainty*” about the relative costs between the VA health care and private health care that veterans receive.

The CBO notes one barrier to making clear comparisons between the VHA and the private sector: Unlike many government agencies, the VHA doesn't publish the necessary data. “Comparing health care costs in the VHA system and the private sector is difficult partly because the Department of Veterans Affairs (VA), which runs VHA, has provided limited data to the Congress and the public about its costs and operational performance,” the report states.

The Department of Defense (DOD) publishes each fiscal year an annual report that is submitted to Congress that evaluates the TRICARE Healthcare Program. This report evaluates access, cost, and quality of the DOD healthcare system. A corresponding annual report from the VA on how the department spends on veteran's health care may allow for clearer comparisons between VHA care and the private sector. It should be noted, though, that the CBO report says “such comparisons would still be challenging, in part, because private-sector data might also be incomplete, unavailable, or difficult to make comparable with VHA data.”²

Still, The American Legion has urged comprehensive study of the VA healthcare system, to include the purpose, goals, objectives, budget and evaluation of effectiveness of the 21 Veteran

¹ American Legion Resolution No. 182: “*Support for Military Quality of Life*”
<http://archive.legion.org/bitstream/handle/123456789/3540/2014N182.pdf?sequence=1>

² Congressional Budget Office, Dec. 2014, page 2, “*Comparing the Costs of the Veterans' Health Care System With Private-Sector Costs*”: https://www.cbo.gov/sites/default/files/cbofiles/attachments/49763-VA_Healthcare_Costs.pdf

Integrated Service Networks.³ Only with a transparent evaluation of VHA operations can the effectiveness of the delivery of care be properly evaluated.

The American Legion supports this draft bill

H.R.271: The COVER Act

To establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complementary alternative treatments available in non-Department of Veterans Affairs medical facilities within the community.

According to a study by the RAND corporation, of the more than 1.64 million troops deployed as part of Operation Enduring Freedom (OEF, Afghanistan) and Operation Iraqi Freedom (OIF, Iraq) since October 2001, approximately 26 percent of the returning troops may be suffering from mental health disorders, with the frequency of diagnoses increasing even as the rates for other medical diagnoses remained constant.⁴ In addition, there is also a distressingly high rate of suicide among veterans and active duty service members.

The Creating Our Veterans Expedited Recovery Act (COVER) would establish a commission to explore the possibility of incorporating complementary and alternative medicine (CAM) treatment models into Department of Veterans' Affairs (VA) medical facilities nationwide. This piece of legislation would increase the viable options of alternative treatments and therapies that are offered to veterans for the purpose of treating their mental health conditions and physical disabilities as a result of their military service.

This legislation would establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complementary alternative treatments available in non-Department of Veterans Affairs medical facilities within the community.

As a result of The American Legion's deep concerns with the numbers of veterans returning home from the wars in Iraq and Afghanistan who are suffering from TBI and PTSD, which are often referred to as the "*signature wounds*" of the war on terror, The American Legion in October 2010, formed a Post Traumatic Stress Disorder/Traumatic Brain Injury Ad Hoc Committee, to "*investigate the existing science and medical procedures, as well as alternative methods, for treating TBI and PTSD currently being employed by the Department of Defense or the Department of Veterans Affairs.*"

³ Resolution No. 114: *Department of Veterans Affairs Veteran Integrated Service Networks* – AUG 2014: <http://archive.legion.org/bitstream/handle/123456789/3754/2014N114.pdf?sequence=1&isAllowed=y>

⁴ RAND Study: *Invisible Wounds of War Summary and Recommendations for Addressing Psychological and Cognitive Injuries* – 2008: http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.1.pdf

In September 2013, The American Legion released a report titled “*The War Within*” which included findings and recommendations based on comprehensive research by The American Legion’s PTSD/TBI Ad Hoc Committee. The key findings from the report include:

- VA and DOD having no well-defined approach to the treatment of TBI
- Providers are merely treating the symptoms
- DOD and VA research studies are lacking for new non-pharmacological treatments and therapies such as virtual reality therapy, hyperbaric oxygen treatment, and other complementary and alternative medicine therapies.

The report recommended that Congress increase DOD and VA budgets to improve the research, screening, diagnosis, and treatment of TBI and PTSD, as well as accelerate their research efforts to properly diagnose and develop evidence-based treatments for TBI and PTSD.⁵

In February 2014, The American Legion conducted a TBI and PTSD veteran survey to evaluate the efficacy of their TBI and PTSD medical care and to see if veterans who are suffering from these signature wounds are being offered complementary and alternative treatments and therapies and if they are, whether they are benefiting from such treatments and therapies. Of the 3,116 veterans who completed the survey, which focused on four key areas:

- Types of treatments veterans received
- Access and availability of CAM therapies
- Perceived benefits of treatments, and
- Reasons for terminating treatments

The survey highlighted that fifty-nine percent reported either feeling no improvements or feeling worse after undergoing treatments for their TBI and PTSD symptoms, thirty percent have terminated their treatments and therapies prior to completing them, as well veterans reporting that they are taking up to ten different medications for their PTSD and TBI symptoms. The reasons were:

- Patients were unwilling or unable to comply with the treatments,
- Patients were unmotivated to participate in their treatment, and
- Patients expressed distress associated with recounting trauma which initially resulted in worsening symptoms which eventually led to premature termination.⁶

⁵ *The American Legion’s War Within Report*: <http://legion.org/documents/legion/pdf/american-legion-war-within.pdf>

⁶ *The American Legion Survey of Patient Healthcare Experiences*: <http://www.legion.org/veteranshealthcare/222891/legion-survey-ptsdtbi-care-not-working>

In June 2014, The American Legion, along with Military.com, sponsored a TBI and PTSD symposium titled, “*Advancing the Care and Treatments for Veterans with TBI and PTSD.*” The symposium was held to examine how Congress, DOD, and VA are integrating CAM treatments and therapies into the existing health care models for veterans with TBI and PTSD. This symposium enabled the disparate groups in the government and private sector to align themselves on the same page and share information about successful treatment models including canine therapy, working with service members prior to and during deployments to increase resiliency, as well as other treatment options. The American Legion continues to work with public and private sector resources to study positive treatment options for veterans struggling with TBI and PTSD.

With veteran suicide rates unacceptably high, veterans need innovative approaches to address these “signature wounds” of the War on Terror, as well as for veterans of all eras who struggle with these disorders. H.R. 271 would increase the viable options of CAM offered to veterans for the purpose of treating their mental health conditions and physical disabilities. The American Legion urges Congress to act to provide oversight and funding to DOD and VA for innovative TBI and PTSD research currently being used in the private sector to include non-pharmacological treatments.⁷

The American Legion supports H.R. 271

H.R. 627

To amend title 38, United States Code, to expand the definition of homeless veteran for purposes of benefits under the laws administered by the Secretary of Veterans Affairs.

Of the total homeless adult population, 11 percent are veterans and 10 percent of those veterans are women. Over 74,000 homeless veterans have been served through the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD/VASH) program. Seeing the need for assistance, The American Legion has taken a leadership role within local communities by volunteering, fundraising, advocating for programs and funding for homeless veterans. Nationally, The American Legion is assisting with the veteran homeless crisis by providing housing in areas such as Connecticut and Pennsylvania.

The American Legion strongly believes that homeless veteran programs should be granted sufficient funding to provide supportive services such as, but not limited to, outreach, healthcare, rehabilitation, case management, personal finance planning, transportation, vocational counseling, employment and training, as well as education. The American Legion restates our commitment to assisting homeless veterans and their families and supports any legislative or administrative proposal that will provide medical, rehabilitative and employment assistance to

⁷ Resolution 292: Traumatic Brain Injury and Posttraumatic Stress Disorder Programs:
<http://archive.legion.org/bitstream/handle/123456789/3614/2014N292.pdf?sequence=1&isAllowed=y>

homeless veterans and their families. Therefore, we fully support enacting H.R. 627, and applaud your leadership in addressing this critical issue facing our nation's veterans.⁸

The American Legion supports H.R. 627 because it adds domestic violence and other dangerous or life threatening conditions to the VA's definition of homelessness, which would allow veterans or families of veterans in this situation to qualify as homeless for the purposes of VA programs. We believe this legislation would be profoundly beneficial as it works alongside VA's goal of eliminating veteran homelessness by the end of 2015.

The American Legion supports this bill

H.R. 1369: Veterans Access to Extended Care Act of 2015

To modify the treatment of agreements entered into by the Secretary of Veterans Affairs to furnish nursing home care, adult day health care, or other extended care services, and for other purposes.

H.R. 1369 would give the Department of Veterans Affairs (VA) the authority to enter into provider agreements for extended care services. The legislation would permit veterans to obtain non-VA extended care services from local providers that include: nursing center care, geriatric evaluation, domiciliary services, adult day health care, respite care, palliative care, hospice care, and home health care when they are “*non-institutional alternatives to nursing home care.*”

According to Department of Veterans Affairs 38 Code Federal Regulations (CFR) Part 17 proposed rule 2900–AO15 published in February 2013 entitled, “*Use of Medicare Procedures To Enter Into Provider Agreements for Extended Care Services*” allows the Department of Veterans Affairs (VA) to use Medicare or State procedures to enter into provider agreements to obtain extended care services from Non-VA providers to include home health care, palliative care, non institutional hospice as well as extended care services when offered as an alternative to nursing home care. Under this rule VA would also be able to obtain extended care services from providers that are closer to where the veteran resides.⁹

H.R. 1369 would exempt agreements entered into by the Secretary of Veterans Affairs for nursing home care, adult day health, or other extended care services under section 1720 of title 38 by amending section 6702(b) of title 41, United States Code.

On March 9, 2015, a letter was referred to The American Legion's Veterans Affairs and Rehabilitation Division from a veterans' brother in Indianapolis, Indiana concerning veterans who are residing at the Madonna Rehabilitation Hospital in Lincoln, Nebraska at VA's expense. According to the writer, the Madonna Rehabilitation Hospital will no longer be able to provide

⁸ Resolution 306: “*Funding for Homeless Veterans*”:
<http://archive.legion.org/bitstream/handle/123456789/3629/2014N306.pdf?sequence=1>

⁹ Department of Veterans Affairs 38 CFR Part 17:
http://www.va.gov/orpm/docs/20130213_A015_UseofMedicareProceduresToEnter.pdf

care to veterans at VA expense because of a law that was passed requiring a federal contract. The letter stated the Madonna has always operated under a provider agreement with the VA. To understand the writers concerns, The American legion's Veterans Affairs and Rehabilitation staff contacted the staff in the VHA Office of Geriatrics and Extended Care, to see if they could shed light on this issue. According to Dan Schoeps, Director, VHA Purchased Long-Term Services he informed us that VA is aware of this issue. Under VA's policies, VA has two methods of purchasing Non-VA Nursing home care, by contracts or by Blanket Purchasing Agreements (BPAs). Some nursing homes do not want to enter into a formal contact with the VA, which is why BPA's are used in lieu of formal contracts. In the Madonna Rehabilitation Hospital case, VA Central Office staffed informed our office that the acting VISN 23 Director temporarily extended the BPA currently in place until April 2015. If the agreements are allowed to lapse, many veterans may have to be displaced.

If this bill is not enacted into law, VA will no longer be able to have BPA agreements with Nursing homes, which may result in many nursing homes no longer accepting veterans into the facility for nursing home care, adult day health care, or other extended care services. The American Legion vigorously opposes the dilution of the benefits veterans have earned with their service and sacrifice.¹⁰

American Legion supports this bill

H.R. 1575

To amend title 38, United States Code, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces.

On January 1, 2016, the Secretary shall carry out, through the Readjustment Counseling Services (RCS), a program to provide reintegration and readjustment services in group retreat settings to women veterans who are recently separated from services in the Armed Forces after a prolong deployment. The participation of a veteran in the program shall be at the election of the veteran.

H.R 1575 is the result of a report released by the Veterans' Health administration (VHA) showing that the two-year pilot program under the jurisdiction of the VA Readjustment Counseling Service (RCS) has significantly assisted returning women veterans who have post traumatic stress disorder as a result of their combat service. This bill provides the VA with permanent authority to extend the program using the same criteria when the program was first established.

The American Legion supports the establishment of a women veterans' awareness training program that educates employees about the changing roles of women in the military, their

¹⁰ Resolution No. 18: *Department of Veterans Affairs Disability Compensation* – AUG 2014:
<http://archive.legion.org/bitstream/handle/123456789/3524/2014N018.pdf?sequence=1&isAllowed=y>

combat exposures and military sexual trauma sensitivity as well as to ensure that the needs of the current and future women veteran populations are met. ¹¹

The American Legion supports this legislation.

H.R. 1769: Toxic Exposure Research Act Of 2015

To establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, to establish an advisory board on such health conditions, and for other purposes.

The effects of the often dangerous environments in which service members operate is a top concern of The American Legion, as thousands of veterans who are or have been exposed to various toxins are often left behind when it comes to vital treatments and benefits. The American Legion remains committed to ensuring that all veterans who served in areas of exposure receive recognition and treatment for conditions linked to environmental exposures.

This legislation requires the Department of Veterans Affairs (VA) to establish a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans that are exposed to toxic substances during their military service, as well as an advisory board on exposure to toxic substances.

The American Legion has long been at the forefront of advocacy for veterans who have been exposed to environmental hazards such as Agent Orange, Gulf War-related hazards, ionizing radiation, the various chemicals and agents used during Project Shipboard Hazard and Defense (SHAD), and contaminated groundwater at Camp Lejeune. The American Legion continues to urge the study of all environmental hazards and their long-term effects they have on our servicemembers, veterans, and their families.

The American Legion has also called on the Department of Defense to immediately cease burning dangerous chemicals in open burn pits, exposing servicemembers to deadly and debilitating toxins.¹²

The American Legion believes in treating the veteran first, funding the necessary research, and ensuring that servicemembers are not exposed to chemical hazards again. This legislation would help address the need to better understand the toxins that many of veterans have been exposed to, and enhance the understanding that the effect of exposure may have on veterans' descendants.

The American Legion supports this bill

¹¹Resolution 45: "Women Veterans"
<http://archive.legion.org/bitstream/handle/123456789/2305/2012F045.pdf?sequence=1>

¹² Resolution 125: Environmental Exposures:
<http://archive.legion.org/bitstream/handle/123456789/3759/2014N125.pdf?sequence=1>

Conclusion

As always, The American Legion thanks this subcommittee for the opportunity to explain the position of the 2.3 million veteran members of this organization.

For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion's Legislative Division at (202) 861-2700 or wgoldstein@legion.org.

Executive Summary

The American Legion supports the following draft bills:

- To amend title 38, United States Code, to improve the reproductive treatment provided to certain disabled veterans
- To amend title 38, United States Code, to direct the Secretary of Veterans affairs to submit an annual report on the Veterans Health Administration and the furnishing of hospital care, medical services, and nursing home care by the Department of Veterans Affairs

The American Legion supports the following bills:

- H.R. 271: The Cover Act
- H.R. 627: To amend title 38, United States Code, to expand the definition of homeless veteran
- H.R. 1369: Veterans Access to Extended Care Act of 2015
- H.R. 1575: To amend title 38, United States Code, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces
- H.R. 1769: Toxic Exposure Research Act of 2015