STATEMENT OF CARL BLAKE

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PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

CONCERNING

PENDING LEGISLATION

JUNE 23, 2016

Chairman Miller, Ranking Member Brown, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to present our views on the broad array of pending legislation impacting the Department of Veterans Affairs (VA) that is before you today. No group of veterans understand the full scope of care provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or disease. Most PVA members depend on VA for 100 percent of their care. They are the most vulnerable when access to health care, and other challenges, impact quality of care. These important bills will help ensure that veterans receive timely, quality health care and benefits services.

H.R. 3216, the "Veterans Emergency Treatment Act"

PVA supports H.R. 3216, the "Veterans Emergency Treatment Act." This legislation would clarify how VA provides care to veterans who present at the hospital for treatment of a medical emergency. VA must provide a medical screening examination to determine if an emergency medical condition exists to any veteran who presents to a VA Emergency Department seeking care. If an emergency medical condition exists, the VA must provide appropriate care to treat the veteran, or if the facility is unable to provide the care, transfer the veteran to a facility that is able to properly care for the veteran. The bill clarifies that the stipulations of the Emergency Treatment and Labor Act (EMTLA) be required of VA as well. While most VA facilities do unofficially adhere to the EMTLA practices, this bill would ensure it throughout the Department. Further, it offers veterans an actionable recourse if denied treatment from a facility.

H.R. 4150, the "Department of Veterans Affairs Emergency Medical Staffing Recruitment and Retention Act."

PVA supports H.R. 4150, the "Department of Veterans Affairs Emergency Medical Staffing Recruitment and Retention Act." This legislation would allow for flexibility and irregular shifts among physicians that is required to meet the needs of patients receiving emergency care. The Veterans Health Administration requires that full-time employees work 80 hours per biweekly pay period. Yet the average emergency physician works 12 hour shifts, making it difficult to have an equal number of shifts for each week. This legislation would allow for full-time status to be determined as more or less than 80 hours biweekly as long as the total hours of employment do not exceed 2,080 hours in a calendar year. At a time when recruitment of providers has never been more urgent or more difficult, such flexibility can only serve as an attractive quality to prospective providers.

H.R. 4764, the "Puppies Assisting Wounded Servicemembers (PAWS) Act of 2016."

PVA understands the intent of H.R. 4764, the "Puppies Assisting Wounded Servicemembers (PAWS) Act of 2016," and we support the provision of service animals to veterans who need them. If enacted, this legislation would direct the VA to carry out a pilot program to provide service dogs to certain veterans with severe post-traumatic stress disorder (PTSD). PVA believes service animals are a successful form of therapy for veterans battling PTSD and other mental health conditions. Veterans with service dogs report improved emotional regulation, sleep patterns, and a sense of personal safety. They also experience reduced levels of anxiety and social isolation.

However, this bill as written does not appropriately reflect the fact that the VA currently does not provide service animals to any veteran directly. Service animals are provided to veterans by organizations responsible for the training and provision of service animals, not the VA. The VA currently bares no direct cost when it comes to providing service animals. As it is, we are not aware of a demonstrated need for VA to be the procurer of service animals. Additionally, this bill would have the VA provide service dogs only to veterans with PTSD, excluding veterans with other mental health conditions and physical disabilities who would also benefit.

Currently, VA provides veterinary health insurance and other ancillary benefits to service animals used for veterans with physical disabilities. While this bill would make PTSD service dogs eligible for existing benefits, (something VA currently has the authority to do) it goes a step beyond by charging VA with procuring a trained, capable dog. We are concerned that creating a new process to place service dogs with veterans with PTSD confuses the process among veterans with other needs. Lastly, this bill restricts eligibility for the program to post-9/11 veterans. While PVA understands the cost concerns involved in such a program, we do not believe they justify the unequal access to mental health care.

H.R. 5047, the "Protecting Veterans' Educational Choice Act of 2016"

The "Protecting Veterans' Educational Choice Act" requires Department of Veterans Affairs counselors who provide educational or vocational counseling to inform veterans about the articulation agreements of the schools they are interested in attending. In addition, the Secretary would be required to provide information about educational assistance to veterans, including how to request counseling and articulation agreements, when issuing a veteran's certificate of eligibility for education assistance. Making veterans aware of counseling and transfer options is important to helping veterans with disabilities better understand the opportunities available to them and will allow them to make informed decisions. PVA supports this legislation.

H.R. 5083, the "VA Appeals Modernization Act of 2016"

PVA has a highly trained force of over 70 service officers who spend two years in specialized training under supervision to develop veterans' claims for both our member and non-member clients. We maintain a national Appeals Office staffed by attorneys and legal interns who represent clients at the Board of Veterans' Appeals (Board). We also have attorneys who practice before the Board and before the Court of Appeals for Veterans Claims which enables continuity of representation throughout subsequent appellate court review.

In March 2016, VBA, the Board and major veterans service organizations (VSO's) partnered to form a working group with the goal of reforming the appeals process. The number of pending appeals has surpassed 440,000. If the process goes unaddressed, VA projects that the appeals inventory will climb to over two million over the course of the next decade. Experienced Veteran Law Judges (VLJ) who adjudicate appeals are a commodity and form a critical component of the system. This attribute limits VA's ability to scale its resources to the extent necessary to deal with such an inventory. Ten years from now, if the system remains unchanged, veterans will expect to wait six years for a decision. We believe reform is necessary, and we support this legislation moving forward.

PVA is encouraged by VA's ambitious efforts to achieve reform. The haste with which it desires to move, though, invites caution from those who recognize that overhauling such a complex process will produce unintended consequences. While we have a responsibility to serve the veteran community and tackle problems, we also have the responsibility to ensure that in doing so we do not leave veterans worse off. VA has recognized that VSO's have specific concerns and has worked with us to find solutions that move us forward without diluting veterans' rights in the process.

As we promote and seek public support for change, it is easy to use statements such as, "there are veterans who are currently rated at 100 percent who are still pursuing appeals," to illustrate the problems that pervade the system. PVA will be the first to point out, though, that a veteran rated at 100 percent under 38 U.S.C. § 1114(j) might also be incapacitated to the point that he or she requires 24 hour caregiver assistance. A 100 percent service-connected disability rating does not contemplate the cost of this care, and veterans may seek special monthly compensation (SMC) to the tune of thousands of dollars needed to address their individual needs. Few people would disagree that pursuing these added disability benefits are vital to a veteran's ability to survive and maintain some level of quality of life. Without clarification, such statements lead people to believe that veterans are the problem.

This is why PVA believes it is so important to ensure that VSO's remain as involved in the follow-on development process and implementation as they are now if this plan is to succeed. This is a procedural overhaul, and VSO's are the bulwark that prevents procedural change from diluting the substantive rights of veterans. Notwithstanding the strong collaboration between VA and the various stakeholders over the last few months, many important questions remain unanswered at this stage in the development process.

The Framework

There is no shortage of news articles and academic pieces that attempt to illustrate for readers the level of complexity and redundancy in the current appeals process. It is a unique system that has added layer after layer of substantive and procedural rights for veterans over the years. The most notable aspect differentiating it from other U.S. court systems is the ability for a claimant to inject new evidence at almost any phase. While this non-adversarial process offers veterans the unique ability to continuously supplement their claim with new evidence and seek a new decision, it prevents VA from accurately identifying faulty links in the process, whether it be individual raters or certain aspects of the process itself.

As the working group came together and began considering ways to address the appeals inventory, it became clear that a long-term fix would require looking beyond appeals and taking a holistic view of the entire claims process. The work product in front of us today proposes a system with three distinct lanes that a claimant may enter following an initial claims decision—the local higher-level review lane, the new evidence lane, and the Board review lane. The work horse in this system is the new evidence lane. The other two serve distinct purposes focused on correcting errors.

When a claimant receives a decision and determines that an obvious error or oversight has occurred, the local higher-level review lane, also known as the difference of opinion lane, offers a fast-track ability to have a more experienced rater review the alleged mistake. Review within this lane is limited to the evidence in the record at the time of the original decision. It is designed for speed and to allow veterans with simple resolutions to avoid languishing on appeal. If a claimant learns that a specific piece of evidence is obtainable and would help him or her succeed on their claim, the new evidence lane offers the option to resubmit the claim with new evidence for consideration. VA indicates that its goal is a 125-day turn around on decisions

within this lane. Another important aspect is that the statutory duty to assist applies only to activity within this lane.

The third lane offers an appeal to the Board. Within this lane there are two tracks with separate dockets. One track permits the addition of new evidence and option for a Board hearing. The other track permits a faster resolution by the Board for those not seeking to supplement the record. A claimant within this track will not be permitted to submit new evidence, but they will have an opportunity to provide a written argument to accompany the appeal.

If the claimant receives an unfavorable opinion at the Board, he or she may either revert to the new evidence lane within one year or file a notice of appeal with the Court of Appeals for Veterans Claims (CAVC) within 120 days. Unfavorable decisions at the Court would be final, and the claimant would no longer have the benefit of the original effective date associated with that claim.

One of the most beneficial aspects of this new plan is the protection of the effective date. Choosing one lane over the other does not limit the ability to later choose a different lane. The decision to enter any of the lanes must be made within one year of receiving the previous decision. Doing so preserves the effective date relating back to the date of the original claim. Another major issue with the claims process that is addressed in this plan is improved decision notices. A thorough understanding of why a claimant received an adverse decision leads to educated decisions with regard to subsequent lane choices or discontinuing the claim altogether.

PVA's Concerns

PVA is concerned with the dissolution of the Board's authority to procure an independent medical examination or opinion (IME) under 38 U.S.C. § 7109. VA originally proposed to dissolve this authority in order to maintain consistent application of the concept of having all development of evidence take place at the Agency of Original Jurisdiction (AOJ) level in the New or Supplemental Evidence Lane. Throughout extended discussions and negotiations on this topic, PVA has worked with the Board to find an alternative authority supported by certain administrative processes which would collectively preserve the function of § 7109. While we believe the outright removal of § 7109 is a choice of form over substance which disproportionately affects our members, we think certain provisions in this bill might preserve the core attributes of § 7109 to an acceptable level.

An IME is a tool used by the Board on a case-by-case basis when it "is warranted by the medical complexity or controversy involved in an appeal case." § 7109(a). The veteran may petition the Board to request an IME, but the decision to do so remains in the discretion of the Board. The Board sua sponte may also request an IME. VA's standard for granting such a request is quite stringent. 38 C.F.R. 3.328(c) states, "approval shall be granted only upon a determination . . . that the issue under consideration poses a medical problem of such obscurity or complexity, or has generated such controversy in the medical community at large, as to justify solicitation of an independent medical opinion." The number granted each year usually amounts to no more than 100 with approximately 50% being requested by the Board itself. Experienced Board personnel thoroughly consider the issues which provoke the need for an outside opinion. Complicating the

process further, the CAVC has carefully attempted to set parameters for the proposed questions to be answered by experts. A question presented to a medical expert may neither be too vague, nor too specific and leading. A question too vague renders the opinion faulty for failing to address the specific issue, while a question too specific tends to lead the fact finder to a predisposed result.

By simply striking § 7109 in its entirety, the current bill proposes to delegate the procurement of an IME to the AOJ under preexisting authority found in 38 U.S.C. § 5109. This is problematic because, by its nature, an IME tends to address the most complex medical scenarios. Removing this tool from the purview of the Board would undermine the reality that properly presenting questions to the participating expert is best left to the judge seeking to resolve the medical controversy or question. VA's recommendation implicitly suggests that AOJ staff members are equipped with the requisite level of experience to carry out this delicate exercise. Even more worrisome is that in the current claims processing system, IME's are almost exclusively requested at the Board level, despite the AOJ's existing authority to procure one. This begs the question of how many rating officers have the experience and expertise to even identify the need for an IME, let alone to draft a nuanced question that would comport with veterans' law jurisprudence.

Dissolving § 7109 would have the additional effect of abolishing the centralized office of outside medical opinions. This small staff has played a vital role in facilitating IME's and maintaining their effectiveness by developing relationships with doctors who are experts on particular subjects and willing to do this tedious task for almost no money. This office not only expedites the receipt of opinions, but it also ensures a high level of quality. Now this concentrated effort conducted by a group of people thoroughly versed in the IME process will simply disintegrate in favor of IME's being requested, maybe, by a savvy rating officer who has the wherewithal to recognize the need. Even in such a fortuitous circumstance, the rating officer will be left to fend for itself in finding a qualified and willing expert to conduct the task—something this office would have done for them.

We recognize that the bill attempts to mitigate against the damage of losing § 7109 by supplementing § 5109(d) and § 5103B(c)(2), but this proposal still discards a properly functioning organ of the Board in favor of more Bureaucracy. IME's generally have a fast turn-around at the Board, and the weight of the opinion is often significant enough to bring finality to a claim. It is possible that VA could preserve the function of the office of outside medical opinions in some fashion, perhaps consolidating it under VBA's authority. The Board has considered our suggestions and alternative proposals in this regard. VA's senior leadership has committed to us that it will take the necessary steps to preserve the best practices and resources of this office. PVA highly recommends that if this Committee is entertaining striking § 7109, it should obligate VA to explain how it plans to mitigate against the loss of this office and the Committee should conduct oversight during implementation. Similarly, the decreased efficiency with having the process conducted at the AOJ level is also concerning. Instead of the VLJ requesting an IME and receiving the opinion, now a second person must review the claim – the rating officer who received the file on remand. If a veteran wishes to appeal this re-adjudication, we have asked for and received VA's commitment to reroute the appeal by default, with

exceptions, back to the same VLJ who remanded the case to avoid yet another person from having to review a claim with enough medical complexity to warrant the IME.

Under the proposed plan the Board would limit remands to errors related to VBA's duty to assist under 38 U.S.C. § 5103A. There are, however, circumstances where the AOJ received two separate examinations and honored the duty to assist, but an IME is needed to resolve conflicting opinions. The current language in the bill does not provide the Board the ability to remand a case with an order to procure an IME to resolve the conflict in evidence. Of course, we would also note that such a situation could easily be resolved if VA would better adhere to its own reasonable doubt provision when adjudicating claims. We still see too many VA decisions where this veteran-friendly rule is not properly applied. More often it appears VA raters exercise arbitrary prerogative to avoid ruling in favor of the claimant, adding obstacles to a claimant's path without adequate justification. While due diligence in gathering evidence is absolutely necessary, too often it seems that VA is working to avoid a fair and legally acceptable ruling favorable for the veteran. Both the failure to accept and tendency to devalue non-VA medical evidence are symptoms of this attitude.

We also recommend an additional jurisdictional safeguard for the Board. In 38 U.S.C. § 7104, it would be helpful to include language that addresses situations where the Board finds that an appeal presents extraordinary circumstances. The Board, in its sole discretion, should be able to retain jurisdiction over a remand of that appeal.

A second concern that must be noted is the fact that the problem that brought us to the table in the first place is not addressed in this plan—the current bloated appeals inventory. We are only now in the beginning phases of working with VA to address this part of the equation. It is extremely difficult to place an effective date on this legislation in the absence of a plan to address the inventory. This legislation is a way to prevent the inventory from growing, it is not the answer to reducing the current inventory. Blurring this distinction should be avoided. The question of how this plan should be implemented in light of the current situation deserves serious scrutiny that can only be applied by further collaboration between VA and the stakeholders involved in this process thus far.

The plan presented here today is predicated on an expectation that decisions in the middle lane will be adjudicated within an average time of one hundred and twenty-five days. As a result of the Fully Developed Claims process and other efforts that included a surge in resources and mandatory overtime, VBA is currently doing well in achieving this average wait time for initial claims. And while that is encouraging for the plan we are contemplating here, the present state of affairs could be misleading, and we have not had the opportunity to consider the impact on that wait time if the new system were implemented and suddenly altered the current workflow. Also left unaddressed is the resource requirement that might balloon if the plan runs parallel to the current system until all pending claims are phased out and resolved. Adequate resources will be essential to weather the growing pains as this new system is laid in. Leaving these kinds of questions unanswered and moving forward invites the possibility of trading one mangled system for another.

Some stakeholders have expressed concern over the replacement of the "new and material" evidence standard with "new and relevant." PVA believes this is an acceptable standard for veterans to meet. It is true that the number of appeals in the system currently disputing a decision that evidence submitted was not deemed "material" may be as high as 20 percent. The concern is that changing "material" to "relevant" will simply exchange one appealable issue for another. A clever idea was put forward to have VA simply deny the claim if it found that the new evidence submitted was not relevant. This would prevent a veteran from appealing the relevance determination, and thereby significantly reduce the number of forthcoming appeals. However, this discounts two things. The first is that "relevant" is a significantly lower legal threshold than "material." Most determinations will actually lead to the admission of the evidence, and, therefore, fewer appeals. The second is that it might have the counter-intuitive effect of creating a bigger slow-down as raters are forced to issue full decision notices when they deny a claim instead of simply finding that the evidence was not relevant.

PVA was a supporter early on of judicial review, and we believe the availability of that review has improved the appeals process for veterans. We are concerned that this proposal could limit a veteran's access to court review, and would be happy to work with the committee on creating assurances that this path remains an open and effective means to correct error in individual cases as well as to correct agency misinterpretations of the law.

We also have concerns about whether some language as drafted will reflect the promises made in those long meetings. For example, it is our understanding that reform will not impact the availability of the duty to assist but it will only be enforced on remand to the AOJ, yet as proposed, the language on this issue is confusing. We suggest a clearer approach, so that veterans have the assurance they are not losing any existing protections in this reform.

Finally, this is not simply a VA problem. As stated earlier, PVA has many service representatives and spends a great deal of time, funds, and effort on ensuring they accomplish their duties at a high level of effectiveness. However, it is important that veterans and their representatives also share responsibility when appeals arrive at the Board without merit. A disability claim that is denied by VBA should not automatically become an appeal simply based on the claimant's disagreement with the decision. When a claimant either files an appeal on his own behalf, or compels an accredited representative to do so with no legal basis for appealing, that appeal clogs the system and draws resources away from legitimate appeals. Since 2012, PVA has taken steps to reduce frivolous appeals by having claimants sign a "Notice Concerning Limits on PVA Representation Before the Board of Veterans' Appeals" at the time they execute the Form 21-22 Power of Attorney (POA) form. PVA clients are notified at the time we accept POA that we do not guarantee we will appeal every adverse decision and reserve the right to refuse to advance any frivolous appeal, in keeping with VA regulations.

H.R. 5162, the "Vet Connect Act of 2016"

PVA understands the intent of H.R. 5162, the "Vet Connect Act of 2016;" to authorize the Secretary to disclose to non-department health care providers certain medical records of the veterans who are in their care. However, we question whether there exists a demonstrated need that this legislation seeks to address. VA currently has the means to share patient records with

the consent of the patient or in the case of a medical emergency. To relax the protections to share records with any non-Department entity exposes veterans' personal information when it is not medically necessary.

H.R. 5392, the "No Veterans Crisis Line Should Go Unanswered Act"

PVA generally supports H.R. 5392, the "No Veterans Crisis Line Should Go Unanswered Act." The legislation requires the VA to develop and implement a quality assurance process to address responsiveness and performance of the Veterans Crisis Line and backup call centers, that they be answered by a live person and improvements documented throughout. It requires there be quantifiable timeframes for objectives and that they be consistent with guidance issued by the Office of Management and Budget. We find it hard to believe that the VA does not currently have in place a quality assurance process, particularly for such a critical access tool.

H.R. 5407

H.R. 5407 requires the Department of Labor to prioritize the provision of services to homeless veterans with dependent children through the Homeless Veterans' Reintegration Program (HVRP). The legislation also sets out a new reporting requirement for the Secretary to submit an analysis of any gaps homeless veterans with dependent children have in accessing shelter, safety, or services. Although the provision of these types of services does not impact many of PVA's members, PVA generally supports this legislation.

H.R. 5416

PVA supports H.R. 5416, to amend title 38, United States Code, to expand burial benefits for veterans who die while receiving hospital care or medical services under the Veterans Choice Program. Veterans who pass away while in receipt of care from VA through a contracted hospital, nursing home, adult day health care, are entitled to burial benefits. This bill would make eligible those receiving care under the Choice Program. This is clearly a matter of equity. If a veteran has to rely upon the Choice Program rather than other similar contracted facilities they should be entitled to equal benefits.

H.R. 5420

PVA has no official position on this proposed bill.

Draft Bill, "Military Residency Choice Act"

PVA supports the draft bill, the "Military Residency Choice Act." In 2009, Congress passed the Military Spouse Residency Relief Act (MSRRA) to alleviate some of the numerous inconveniences that military spouses endure each time their service member is uprooted due to military orders. Service members have long been able to maintain their home state of residency, regardless of where military orders take them. The MSRRA extended this benefit to military spouses by allowing them to also maintain one state of domicile for purposes of residency, voting and taxation. However, the benefit only applies if he or she shares the same residency as the service member. If the service member wishes to retain his or her original domicile and not

the domicile in which he or she met and married their spouse, then the spouse cannot use the MSRRA. The spouse must change residency each time the service member receives orders for a permanent change of station. The Military Residency Choice Act remedies this limitation by allowing the spouse to elect the service member's state of residency.

Changing residency every time the Department of Defense moves a family is a significant inconvenience to the men and women that stand by our service members. There are times when a family may have to move twice, and sometimes three times in a year. If the spouse has a business, even one operated out of the home, the complicated tax preparations during such a year can be daunting. These kinds of obstacles discourage spouses from working and voting. Our military families sacrifice a life of stability, and they deserve any convenience we can offer them.

H.R. 5166, the "WINGMAN Act"

PVA supports the goal of ensuring veterans receive timely information regarding the status of their claims. We appreciate that this bill ensures that Congressional employees granted access to such a program undergo the same training and certification program that VA currently uses to certify VSO representatives and attorneys representing claimants. This legislation, however, allows access to a claimant's information regardless of whether the covered employees are acting under a power of attorney. Claims files contain the most private information about that particular veteran and, often times, information of other individuals consulted during the claim's development. PVA believes that in the interest of maintaining strict protection of such private information, this legislation should be limited to those who hold a power of attorney. Other logistical issues may also arise in the form of the added administrative burden on VA of managing the certification process and tracking users. Certainly we do not want to see resources that should be applied to adjudicating claims shifted to facilitating Congressional involvement unless it produces a significant increase in productivity.

Mr. Chairman, we would like to thank you again for the opportunity to testify on these important measures. It is imperative that we remain focused on providing the necessary benefits and health care services that veterans and their families rely upon. We would be happy to answer any questions that you may have.

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Carl Blake is the Associate Executive Director for Government Relations for Paralyzed Veterans of America (PVA) at PVA's National Office in Washington, D.C. He is responsible for the planning, coordination, and implementation of PVA's National Legislative and Advocacy Program agendas with the United States Congress and federal departments and agencies. He develops and executes PVA's Washington agenda in areas of budget, appropriations, health care, and veterans' benefits issues, as well as disability civil rights. He also represents PVA to federal agencies including the Department of Veterans Affairs, Department of Defense, Department of Labor, Small Business Administration, the Department of Transportation, Department of Justice, and the Office of Personnel Management. He coordinates all activities with PVA's Association of Chapter Government Relations Directors as well with PVA's Executive Committee, Board of Directors, and senior leadership.

Carl was raised in Woodford, Virginia. He attended the United States Military Academy at West Point, New York. He received a Bachelor of Science Degree from the Military Academy in May 1998.

Upon graduation from the Military Academy, he was commissioned as a Second Lieutenant in the Infantry in the United States Army. He was assigned to the 2nd Battalion, 504th Parachute Infantry Regiment (1st Brigade) of the 82nd Airborne Division at Fort Bragg, North Carolina. He graduated from Infantry Officer Basic Course, U.S. Army Ranger School, U.S. Army Airborne School, and Air Assault School. His awards include the Army Commendation Medal, Expert Infantryman's Badge, and German Parachutist Badge. Carl retired from the military in October 2000 due to injuries suffered during a parachute training exercise.

Carl is a member of the Mid-Atlantic chapter of the Paralyzed Veterans of America.

Carl lives in Fredericksburg, Virginia with his wife Venus, son Jonathan and daughter Brooke.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2016

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — $200,000.

Fiscal Year 2015

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — $425,000.

Fiscal Year 2014

No federal grants or contracts received.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.