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**Statement of
Sarah Verardo, Executive Director, The Independence Fund,
And Caregiver**

The Independence Fund

Dear Chairman Roe, Representative Walz, and Members of the Committee, thank you very much for inviting me, as Executive Director of The Independence Fund, to testify before your Committee here today. I am Sarah Verardo, Executive Director of The Independence Fund, headquartered here in North Carolina, in Charlotte. I also wish to give special thanks to Representative Hudson of North Carolina for recommending The Independence Fund testify today in this field hearing. Representative Hudson has been an amazing friend to The Independence Fund, and the strongest of champions for Veterans here in North Carolina.

Only 10 years old, we were founded in 2007 with the very specific purpose of assisting the most catastrophically wounded veterans from the Iraq and Afghanistan conflicts with adaptive mobility devices, and returning to them, at least in part, their independence. Since those humble beginnings, The Independence Fund's grown to also provide assistance for the caregivers of the catastrophically wounded and disabled, assistance to adaptive athletes and teams, wellness programs to combat the scourge of veteran suicide and post-traumatic stress disorder, veteran service programs to navigate the overly complex VA health care and benefit systems, advocacy programs to change the laws and regulations that unnecessarily limit veterans access to their earned benefits, and our newest program, Heroes at Home, which will assist the children of the catastrophically wounded and disabled.

To date, The Independence Fund's provided more than \$50 million in assistance to the catastrophically wounded and disabled and their Caregivers. This includes more than 2,200 motorized cross-country wheelchairs, 1,500 adaptive bicycles, and more than 150 Caregiver support retreats.

The Problem: An Unresponsive VA Health Care System

But throughout those last 10 years, we've repeatedly found our best efforts hamstrung by a VA health care system that systematically and repeatedly fails to serve the very Veterans it was established to assist. While the medical care given by the individual medical providers is usually superb, that care is far too difficult to access and we find the medical care providers repeatedly thwarted by a medical administration bureaucracy seemingly more intent on preventing fraud and cutting costs than in optimizing care delivery for Veterans.

The Promises of Health Care Choice

Mr. Chairman, The Independence Fund was heartened by the President's campaign promises to finally allow Veterans to be the masters of their own health care choices. Many of our clients are medically retired from the military due to their catastrophic wounds, and as such receive Tricare health care benefits. They can choose their health care providers, both at military treatment facilities and outside the Department of Defense. Similarly, many of these catastrophically wounded are eligible for Medicare, where they can choose pretty much any health care provider they want that participates in the Medicare program. Finally, the Caregivers under CHAMPVA are given wide latitude to choose their health care providers within the CHAMPVA system. In all these systems, the federal government finds the individual patient fully competent to make their own health care choices.

But for veteran within the VA health care system alone, none of those choices are available. The veteran is considered incompetent to make any of their own health care choices and must rely on the beneficence of the VA bureaucracy to make proper medical choices for them. This, despite the stacks of Inspector General reports that finds that same bureaucracy engaged in deception to hide unqualified doctors committing malpractice; that details how that same bureaucracy is unable to deliver mandated health care on anything approaching a medically indicated schedule; and reveals a repeated unwillingness of that bureaucracy to critically examine its own practices or procedures, nor to explore the root causes of its multiple failures.

This year, this Session of Congress, is the time to deliver on the President's campaign promise and deliver true and real VA health care choice. All parties involved in this debate understand the current VA Choice program is a stop gap measure until a consolidated, robust, system wide network of community care is provided to Veterans. While we supported the compromise proposal to the recent Omnibus Appropriations Act – which combined a version of consolidated, expanded access to non-VA community care, and expansion of the Caregiver program, and a review process for the VA's capital assets – as of the writing of this testimony, we joined many other Veteran Service Organizations in our disappointment that the final deal was not agreed to for lack of universal agreement amongst all Congressional leaders.

Limiting Non-VA Care to Only That Prescribed by VA Doctors Will Not Work

Mr. Chairman, we cannot give up on passing real VA choice legislation. Veterans cannot wait any longer. While we appreciate the work the House and Senate Veterans Affairs Committees accomplished with their respective Committee passed bills, we are concerned both bills continue to rely on the VA to determine when and where Veterans can access non-VA care.

Again, while the health care providers will usually seek optimal care for the Veteran, our experience is they are usually thwarted by the medical administration bureaucracy seemingly more intent on stopping perceived fraud by the very Veterans who defended this country, or to save money on the backs of the Veterans whose doctors believe they need this non-VA care.

Let me give you an example. My husband, Mike Verardo, lost his left leg and much of his left arm in an IED explosion in Southern Afghanistan. His residual left leg suffers numerous skin infections that make the prolonged use of prosthetic sleeves dangerous and expose him to potential reinfection. Unfortunately, until recently the VA medical administrators refused to issue Mike more than two prosthetic sleeves every six months. VA has repeatedly cited this as

policy to me and other amputee Caregivers, and our workaround included numerous direct appeal from Mike's own VA doctor to others within the same VA system and Congressional intervention. Mike's VA surgeon has prescribed a specialized prosthetic sleeves nine times, and each of those nine times, the VA's medical administrators denied those prescriptions. His surgeon was never consulted or notified that her prescription was rejected, it simply was never sent to us.

This, Mr. Chairman, is why we cannot continue to rely on limiting access to non-VA care to that which is prescribed by a VA health care provider. Experience has shown the VA health care providers are powerless to prescribe non-VA care when VA medical administration bureaucrats have every incentive to deny that care and have every power to do so. **Only when individual veterans have the authority to choose their own health care provider, whether that be within the VA or be non-VA care, will Veterans be able to access optimal care in a timely fashion.**

Wheelchairs and Prosthetics

This brings me to the specific issue of wheelchairs and prosthetics. Mike's and my personal experience, and the experience of our clients, is that the VA cannot deliver wheelchair and prosthetic repairs and replacements in a timely manner.

For example, when Mike was retired from the military and we moved back to Rhode Island, his prosthetic leg was damaged, but we had to wait 57 days for a VA medical administrator to sign a form authorizing the repair of the prosthetic. Eventually, the prosthetic vendor grew disgusted with the VA and provided a new prosthetic without authorization, risking non-payment. In the meantime, I was forced to duct tape Mike's leg to keep it even somewhat operational. More recently when I requested a wheelchair repair or replacement from VA, I was told that they'd need to evaluate if Mike still had injuries that required wheelchair use. Please keep in mind that limb loss is permanent.

The VA Inspector General released a report last week detailing similar problems with wheelchair and prosthetic repairs in VISN 7. The first remarkable item in this report is that the VA apparently has no standard for how long it should take to repair wheelchairs and scooters. Second, the VA IG found the average wait time was 99 days. Some of the Veterans researched in this study were bedridden for more than 100 days while their wheelchairs were being repaired.

Lastly, the VA IG detailed the repair administrative process. That process seems incredibly complex and unnecessarily duplicative. A simple process review would likely be able to trim substantial time and steps from this process. The Independence Fund recently met with the Central Office Prosthetics and Wheelchairs Department, and we are hoping to enter some Memorandum of Understanding with the VA to help them improve those processes. **We request your support with the VA to enter into such an agreement with us.**

But again, Mr. Chairman, we do not believe there are any circumstances where the VA will be able to adequately respond to Veterans' prosthetic and wheelchair repair and replacement needs. Having to wait until the point of failure for the VA to even initiate repair or replacement action and having no spares available for the Veteran to use in the interim, highlights a system

unresponsive to the basic needs of disabled Veterans. Even the 30-day repair standard the VA IG arbitrarily applied in their report (since the VA does not have its own repair/replacement standard), is unacceptably long. Therefore, **we recommend Veterans be allowed immediate access to non-VA care for the repair or replacement of prosthetics, wheelchairs, and scooters.**

Standards of Care and Formularies for the Catastrophically Disabled

There is, unfortunately, a broader issue at hand which we see with many of our catastrophically disabled clients, Mr. Chairman. For the catastrophically disabled, even minor delays in accessing medical care can quickly devolve into life threatening emergencies. What would be a minor inconvenience for a Veteran suffering from one or two isolated disabilities, can be a matter of life or death for a catastrophically disabled Veteran.

Like the example with the prosthetic sleeves, most formularies and standards of care appear to be designed in isolation for that one specific malady and fail to consider the interaction of multiple traumatic wounds and injuries sustained by the catastrophically wounded and disabled. In such situations, the catastrophically disabled Veteran finds themselves unable to receive the care they need in time to prevent additional maladies from occurring which exacerbate the Veteran's illnesses and disabilities.

The VA community care expansion legislation you recently negotiated, Mr. Chairman, to provide automatic access to non-VA care where VA facilities fail to meet established access standards, and to provide access at the discretion of the Secretary where VA facilities fail to meet VA established quality standards, may also be insufficient to protect the health of the catastrophically disabled. The medical needs of the catastrophically wounded and disabled are far different than those with non-catastrophic disabilities. Hence the special VA classification for the catastrophically disabled. But access and quality standards must also consider the special requirements of the catastrophically disabled.

Therefore, Mr. Chairman, we recommend any future legislation to define when and where Veterans are eligible for non-VA care should establish separate, specific access and quality standards for the catastrophically disabled which will be applied, and under which catastrophically disabled Veterans can qualify for non-VA care, even if the standard access and quality standards are otherwise met. Similarly, we believe the VA should be directed to establish separate formularies specifically for the catastrophically disabled that consider the unique and complex nature of their disabilities.

Thank you again, Mr. Chairman, for the opportunity to appear before this Committee today. I look forward to answering any questions you may have.