



**STATEMENT FOR THE RECORD**  
**WOUNDED WARRIOR PROJECT**  
**BEFORE THE**  
**SUBCOMMITTEE ON HEALTH**  
**COMMITTEE ON VETERANS AFFAIRS**  
**HOUSE OF REPRESENTATIVES**

**JULY 9, 2013**

Chairman Benishek, Ranking Member Brownley, and Members of the Subcommittee:

Thank you for inviting Wounded Warrior Project (WWP) to provide views on pending health-related legislation. We welcome this opportunity to address two of the measures before you.

**Long Term Care Veterans Choice Act**

A draft bill under consideration is apparently intended to authorize VA to contract for room, board, and caregiver services in adult foster homes for veterans for whom VA would have an obligation to provide needed nursing home care. The measure would also provide for a participating veteran to receive VA home health services.

Wounded Warrior Project welcomes the proposal to add medical foster home care to the continuum of long-term care options for wounded warriors. Almost without exception, our work with wounded warriors and their families has underscored how important it is to enable the individual to live in the community and avoid institutionalization. The comprehensive caregiver assistance program established in Public Law 111-163 has proven enormously helpful in realizing that goal for those who were seriously injured on or after 9/11 and need personal care services. But we do encounter parents and other family members who worry about a time when they might no longer be able to sustain caregiving, as well as seriously injured warriors who have no family to provide care. Given wide-ranging needs and preferences among those who cannot live independently,<sup>1</sup> there is merit to fostering new approaches. In sum, we applaud the

<sup>1</sup> A 2012 report on deinstitutionalized disabled individuals by the National Council on Disability cited studies based on the National Core Indicators 2009-10 Survey to assess their preferences for housing, dividing responses into

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effort to develop a statutory framework to enable VA to provide a community-based, home-like alternative to institutional care that includes needed home-health services.

The legislation would vest the Department with broad authority to set standards for these homes. It is our understanding that adult medical foster homes are generally subject to state licensing requirements. But the draft bill sets no express expectations of VA with regard to those standards, which in our view should not simply default to a state licensure requirement, given the very vulnerable individuals covered under the draft bill. We do understand that VA has worked for some time with foster-home care providers under arrangements where the veteran has borne the costs of that care. It seems likely that the number of veterans who might choose a foster home option would grow were such legislation enacted. That scenario does raise questions as to how the program would operate, and what kind of oversight would be provided. What kind of training would caregivers receive? What precautions would be taken to ensure placements were clinically and age appropriate for the veteran? How would VA ensure that medical foster homes have appropriate oversight and that veterans and their families are satisfied with the services they receive there? We would encourage the Subcommittee to press VA to address those questions early on and clearly define expectations regarding standards of care, as well as outline how they would evaluate a potential residence's ability to provide for younger generations of veterans who have unique rehabilitative needs.

Finally, while we welcome this initiative, we would be remiss if we failed to note that VA still has important work to do as it relates to the long term rehabilitative care for those with moderate to severe traumatic brain injury, and particularly with implementation of section 107 of Public Law 112-154. Those provisions of law require that rehabilitative care for traumatic brain injury focus not only on achieving functional gains but on sustaining them, and that veterans be afforded community-based rehabilitative services or supports that contribute to maximizing an individual's independence. While Wounded Warrior Project, through our Independence Program, is working every day to help warriors with severe traumatic brain injury reach their fullest potential in their communities, we have not seen VA take comparable steps to implement a now year-old law requiring such action.

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independent living, living with family members, living in a community-based setting (such as a small group home or foster care with a host family) or living in an institution (nursing home or large group home). Overall, ninety percent responded that they liked where they lived, but those surveyed expressed the most satisfaction with living with family members (96%) and the least with institutional settings (83%). Those in individual homes (90%) and in community based settings (87%) were in the middle. When asked if they would like to live somewhere else findings were somewhat consistent. Only 20% of those living with parents expressed a desire to live elsewhere compared with 39% of institutionalized respondents. Twenty-six percent of those in individual homes and 30% of those in community settings responded positively. *Human Services Research Institute/ National Association of State Directors of Developmental Disabilities Services, National Core Indicators, 2011 as cited in Deinstitutionalization Toolkit: Community in Detail, National Council on Disability, 2012, Figures 2-6.*

Without ongoing rehabilitative care and community supports that Congress directed VA to provide, many post 9/11 Warriors with severe brain trauma will be relegated to lives of greater dependency, and without the social networks or employment options their non-disabled peers take for granted. VA must make significant improvements to ensure an adequate rehabilitative services continuum is available before placement of younger gravely injured veterans in residential settings other than their own or family homes will be acceptable.

### Tinnitus Research and Treatment Act of 2013

H.R. 1443 would direct VA to recognize tinnitus as a mandatory condition for research and treatment by VA Auditory Centers of Excellence and for that research to include the study of treatments, etiology, and underlying mechanisms of the disorder. The bill also directs VA to work with the Department of Defense's Hearing Center of Excellence to advance research on tinnitus.

With 52% of Wounded Warrior Project Alumni reporting tinnitus and 17% experiencing severe hearing loss, we welcome the focus on exploring improved prevention and treatment of hearing disorders.<sup>2</sup> As a very common health problem with limited treatment options, advancing research in this area could have a significant impact in improving care for wounded veterans. We see particular value in fostering the study and evaluation of prevention, assessment, and treatment of tinnitus through collaboration between the VA and the Department of Defense since it is strongly associated with service and exposure to a combat zone.<sup>3</sup> Advancements in preventing hearing loss and tinnitus will have to happen within the military, so it is important to ensure gains in knowledge and understanding are translated into improvements on the battlefield and in training.

We are supportive of continuing research and improvements in the treatment of tinnitus, as well as other forms of hearing loss. Tinnitus is an often very disabling problem that affects many warriors frustrated by the fact that there are as yet no effective treatments. We urge that continuing research also explore the varying impact tinnitus can have on different people. As a chronic condition, the level of disability can differ significantly and improved understanding could better describe the spectrum of the condition and contribute to scientific and medical knowledge, as well as better prevention and care in the future and increased accuracy in disability ratings. Tinnitus merits robust research efforts and WWP would support legislation to advance understanding in this area.

Thank you for your consideration of WWP's views on these issues.

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<sup>2</sup> 2013 Wounded Warrior Project Survey Results

<sup>3</sup> Tzounopoulos, T. 2013. Mechanisms underlying Noise- Induced Tinnitus. Retrieved from [http://cdmrp.army.mil/prmrp/research\\_highlights/2013.shtml](http://cdmrp.army.mil/prmrp/research_highlights/2013.shtml)

