



Statement of Iraq & Afghanistan Veterans Of America
before the
House Committee on Veterans' Affairs, Subcommittee on Health
for the hearing on
Pending Health Care Legislation

March 27, 2014

Bill #	Bill Name	Sponsor	Position
H.R. 183	Veterans Dog Training Therapy Act	Rep. Grimm	Support
H.R. 2527	A bill to provide counseling and treatment for MST that occurred during inactive duty training	Rep. Titus	Support
H.R. 2661	Veterans Access to Timely Medical Appointments Act	Rep. McCarthy	Support
H.R. 2974	A bill to provide for the eligibility for beneficiary travel for veterans seeking treatment or care for military sexual trauma in specialized outpatient or residential programs at facilities of the VA	Rep. Walorski	Support
H.R. 3508	A bill to clarify the qualifications of hearing aid specialists within VHA	Rep. Duffy	Support
H.R. 3180	A bill to include contracts & grants for residential care for veterans in the exception to the requirement that the government recover a portion of the value of certain projects	Rep. Kaptur	Support
H.R. 3387	Classified Veterans Access to Care Act	Rep. Sinema	Support
H.R. 3831	A bill to review the dialysis pilot program implemented by the VA and submit a report to Congress before expanding that program	Rep. Roe	No Position



H.R. 4198	A bill to reinstate an annual report on the capacity of the VA to provide for specialized treatment and rehabilitative needs of disabled veterans	Rep. Denham	Support
Draft	A bill to authorize major VA medical facility leases for Fiscal Year 2014	Rep. Benishek	No Position

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

On behalf of Iraq and Afghanistan Veterans of America (IAVA), we would like to extend our gratitude for being given the opportunity to share with you our views and recommendations regarding this important legislation that will impact the lives of IAVA's members and all of America's troops and veterans.

As the nation's first and largest nonprofit, nonpartisan organization for veterans of the wars in Iraq and Afghanistan, IAVA's mission is critically important but simple – to improve the lives of Iraq and Afghanistan veterans and their families. With a steadily growing base of nearly 270,000 members and supporters, we aim to help create a society that honors and supports veterans of all generations.

In partnership with other military and veteran service and advocacy organizations, IAVA has worked tirelessly to see that our members' needs are appropriately addressed by the Department of Veterans Affairs (VA) and by Congress. IAVA appreciates the efforts put forth by this Subcommittee to address the challenges facing our nation's veterans and their families, and we are proud to offer our support for the legislation that is the subject of this hearing today.

H.R. 183

IAVA supports H.R. 183, the Veterans Dog Training Therapy Act, which would direct the VA to establish a pilot program to allow veterans receiving post-deployment mental health care to train service dogs for disabled veterans.

The use of dog training as a therapy for post-traumatic stress disorder is a forward-thinking and unique option for veterans seeking care. Most importantly, there is a strong body of evidence supporting the therapeutic value of dogs, and growing evidence supporting their therapeutic value specifically for servicemembers and veterans with PTSD. Using animals as therapy or as service dogs has been a successful model of care already supported by the DoD and VA. This particular program goes a step further, to equip veterans with a vocational skills. Such skills and abilities are instrumental in helping veterans develop new career opportunities.



Additionally, the proposed program would train service dogs for other veterans. The use of occupational therapy to train new service dogs serves two populations of veterans and promotes innovative care to address the unique needs of every veteran.

H.R. 2527

IAVA supports H.R. 2527, which would provide veterans with counseling and treatment for military sexual trauma that occurred during inactive training.

The VA has a responsibility to provide the best counseling and treatment available to survivors of military sexual trauma. However, the men and women who courageously served in the National Guard or other reserve components of the armed services are not eligible for such counseling and treatment if the MST occurred during inactive training. IAVA supports enabling and facilitating this type of training in order to ensure that all survivors of MST are afforded prompt VA care and treatment.

H.R. 2661

IAVA supports H.R. 2661, the Veterans Access to Timely Medical Appointments Act, which would require the VA to implement a standardized policy to ensure veterans enrolled in VA health care are able to schedule primary care appointments and specialty appointments within a certain amount of time after requesting an appointment.

The lack of standardized appointment policies and inefficient data on adherence to appointment policies has been a routine issue among veterans seeking care at the VA. This legislation is directly reflective of Government Accountability Office recommendations, which were based on an audit stemming from veteran concerns. IAVA strongly supports increased access to medical care and encourages Congress and the VA to continue addressing ways in which increased access to care can be achieved.

H.R. 2974

IAVA supports H.R. 2974, which would authorize beneficiary travel for veterans seeking treatment or care for military sexual trauma at specialized outpatient or residential programs at VA facilities.

A 2012 survey released Pentagon report estimated nearly 26,000 servicemembers experienced unwanted sexual contact in 2012, with just 3,374 cases ultimately reported. Recent incidents continue to highlight the appalling presence of sexual assault in the U.S. military and the urgent need to ensure that servicemembers and veterans can access the appropriate assistance available to them.

Currently, the VA is required to operate a program that provides counseling and the necessary care to veterans that need help in overcoming the physical and psychological



stress of sexual assault and harassment. By ensuring that the travel expenses of veterans seeking MST -related treatment are covered, this bill would serve as a natural extension of the care required by the VA for survivors of military sexual trauma.

H.R. 3508

IAVA supports H.R. 3508, which would clarify the qualifications of hearing aid specialists at the VA.

When veterans seek VA--provided hearing aid services at a VA medical facility, too often they encounter facilities that are overloaded with appointments and/or are forced to endure long wait times, substantial distances to travel, and limited follow-up care. This seems to indicate that the number of veterans in need of adequate hearing-related services is quickly surpassing VA's ability to sufficiently respond.

Since hearing impairment is one of the most common injuries faced by our newest generation of veterans, ensuring that these men and women receive the care they are entitled to is critical. IAVA supports this legislation because it seeks to ensure that qualified hearing aid specialists can work alongside the hearing professionals of the VA in order to better serve this nation's veterans and reduce the wait times and stress associated with seeking care at a VA facility.

H.R. 3180

IAVA supports H.R. 3180, which would exempt contracts and grants for residential care for veterans from the requirement that the government recover a portion of the value of certain projects.

The VA is authorized to provide grant money to state-run facilities that provide domiciliary care, medical care, or nursing home care to veterans. If the facility ceases to be run by the state within a certain amount of time, the VA is authorized to recapture up to 65 percent of the value of the project, but not more than the original grant amount. This legislation would exempt residential care facilities from these recapture requirements. IAVA supports the VA exempting residential care facilities from these recapture requirements so long as the facilities continue to maintain high levels of care for veterans.

H.R. 3387

IAVA supports H.R. 3387, the Classified Veterans Access to Care Act, which would improve access to mental health care for veterans who conducted classified missions or



served in classified units.

Currently, the VA utilizes group therapy sessions as a form of mental health treatment. However, these group therapy sessions do not consider the security clearance of the veteran, often putting veterans in a position to choose between compromising classified information and utilizing this helpful form of mental health support. However, a veteran should never be forced to opt out of mental health treatment due to a lack of feasible treatment options. The mental health needs of each veteran are unique, as is the nature of many military occupational specialties and their associated missions. Likewise, the full range of mental health care treatments available from the VA should reflect the full range of unique needs and special circumstances of military service.

H.R. 3831

At this point in time, IAVA has no position on H.R. 3831, which would require VA to ensure that its dialysis pilot program is not expanded until it has been implemented at its initial facilities, an independent analysis of the program has been conducted, and VA has provided a report to Congress detailing progress of the program.

H.R. 4198

IAVA supports H.R. 4198, which would require the VA to reinstate an annual report on the capacity of the VA to provide for specialized treatment and rehabilitative needs of disabled veterans. This report has provided invaluable data on the capabilities of the VA to meet the needs of disabled veterans, and this bill makes a common sense change to require the VA to reinstate these reports.

Draft 1

At this time, IAVA is still reviewing the draft bill to authorize major VA medical facility leases for Fiscal Year 2014. IAVA strongly encourages Congress and the VA to continue to invest in facilities to support the medical needs of veterans, and we therefore look forward to having the opportunity to evaluate this new draft legislation.

Mr. Chairman, we at IAVA again appreciate the opportunity to offer our views on these important pieces of legislation, and we look forward to continuing to work with each of you, your staff, and this Subcommittee to improve the lives of veterans and their families.

Thank you for your time and attention.



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Statement on Receipt of Federal Grant or Contract Funds

Iraq and Afghanistan Veterans of America has not received federal grant or contract funds relevant to the subject matter of this testimony during the current or two previous fiscal years.