

**SUBMISSION FOR THE RECORD OF WOUNDED WARRIOR PROJECT
LEGISLATIVE HEARING ON H.R. 4720; H.R. 4977; H.R. 5059; H.R. 5475 AND H.R. 5484**

NOVEMBER 19, 2014

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

Thank you for inviting Wounded Warrior Project® to provide our view on pending veterans' legislation. Founded on the principle of warriors helping warriors, Wounded Warrior Project prides itself on providing 20 service programs that advance that principle. Driven by our mission to honor and empower wounded warriors and our vision to foster the most successful, well-adjusted generation of veterans in our nation's history, we welcome this opportunity to illustrate our support for H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act (SAV Act).

The SAV Act seeks to combat the scourge of mental health injuries—the “invisible wounds” of war—that face this generation of injured veterans. Chief among the injuries targeted by this bill are Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). We applaud the Committee's engagement on these important issues.

Since 2010, WWP has been using the information gathered from our annual Wounded Warrior Project Alumni Surveys to refine existing programs, develop new initiatives, and better serve injured service men and women. This year, 21,120 respondents identified several mental health-related challenges affecting injured warriors today. In fact, mental health conditions were among the most frequently reported health problems of wounded veterans, with 75% having experienced PTSD, 67% reported depression, and 64% reported experiencing anxiety. Forty-three percent of Alumni reported experiencing a TBI.¹

Military experiences affect injured warriors in profoundly adverse ways. Nearly two-thirds reported having had a military experience that was so frightening, horrible, or upsetting that they had not been able to escape from the memories or effects. More than 49% reported having trouble concentrating; more than 49% had little interest or pleasure in doing things; and 76% said they had sleep problems. Overall, the survey results indicate that, for many, the effects of mental and emotional health problems are even more serious than the effects of physical problems.

Without question, the VA has made earnest efforts to identify and treat mental health issues by instituting system-wide mental health screening, increasing levels of mental health staffing, conducting training on clinical techniques and, increasing focus on integrating primary care and mental health treatment. Nevertheless, a comprehensive study of 50,000 Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) veterans diagnosed with PTSD found that fewer than 10% completed the recommended course of treatment, while one in five did not have a single follow-up visit.² These data call into question government's strategy for engaging and sustaining veterans in treatment for combat-stress and related mental health conditions.

For those with mental health conditions other than PTSD, they are even less likely to receive effective care.³ Without access or adequate care, one apparent consequence of so few warriors getting sufficient treatment is a disturbing rise in the number of suicides among veterans. Recent data have only begun to describe the issue.⁴ There is an urgent need for intervention that improves engagement and retention in treatment and there is an ongoing issue of identifying and tracking the scope of the problems.⁵ While access to care is the first step in preventing suicide, identifying the factors that lead warriors to drop out of therapy is a critical factor in reversing this troubling trend.

H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act, would improve mental health care and services, and suicide prevention programs at the VA and Department of Defense (DoD) in several ways. Among its many strong provisions, the bill would:

- Amend the requirements for reviewing the discharge characterizations of individuals diagnosed with PTSD or a TBI;
- Authorize the VA to conduct a student loan repayment pilot program aimed at recruiting and retaining psychiatrists; and
- Establish a peer support and community outreach pilot program to assist transitioning service members with accessing VA mental health care services.

The importance of these three provisions to injured service men and women merits further discussion.

SEC. 3. REVIEW OF CHARACTERIZATION OR TERMS OF DISCHARGE FROM THE ARMED FORCES OF INDIVIDUALS WITH MENTAL HEALTH DISORDERS ALLEGED TO AFFECT TERMS OF DISCHARGE: Would amend the requirements for reviewing the discharge characterizations of individuals diagnosed with PTSD or a TBI.

With only estimates that thousands of OEF/OIF veterans may have been administratively discharged inappropriately (i.e. given “bad paper”) due to conduct related to previously undiagnosed PTSD or mental health issues, the scale of the “bad paper” problem in our country has not been well defined, while each passing year compounds the problems for those affected.⁶ For too many, separation from service based on questionable diagnoses (e.g. personality disorder or adjustment disorder), for substance abuse, or conduct that may have been related to service-incurred conditions can result in loss of earned benefits and being denied gainful employment after their service.⁷ These individuals are also at high risk of unemployment, incarceration, substance abuse, and homelessness, and without access to needed resources, their prospects can be especially grim.⁸

The Department of Defense has tightened some rules regarding these types of discharges, but little has been done to provide retrospective remedial action. Moreover, with reports that increases in “bad paper” discharges have mirrored upticks in the overall numbers of wounded, there is a real concern that many injured warriors are falling through the cracks and in need of a correction to their discharge status.⁹

For veterans who file claims for service-connection for PTSD based on military sexual trauma (MST), in particular, the challenges both of providing or identifying evidence to support the claim and of meeting the inherently subjective requirement that that evidence be deemed “credible,” can be monumental. The VA’s regulation invites consideration of corroborative evidence of behavioral changes in service, but “markers” of such changes cannot only be very subtle, but may be nonexistent. Moreover, it has been observed that many adjudicators handling these cases look for obvious, blatant, concrete evidence that is more likely to be in the claims file, rather than subtle, nuanced evidence.¹⁰ Section 3 of the SAV Act would provide critical relief for these victims of MST to begin to receive the treatment that they need and deserve.

We ask that the Subcommittee support and sustain this provision.

SEC. 6. PILOT PROGRAM FOR REPAYMENT OF EDUCATIONAL LOANS FOR CERTAIN PSYCHIATRISTS OF VETERANS HEALTH ADMINISTRATION: Would authorize the VA to conduct a student loan repayment pilot program aimed at recruiting and retaining psychiatrists

While there is real concern regarding a future shortage of physicians, the country is already experiencing shortages in the behavioral health workforce, and has for some time. To add, the shortage is not evenly distributed, or new. In 2007, a study indicated that 55% of U.S. counties—all rural—have no practicing psychiatrists, psychologists or social workers.¹¹ Another study found that 77% of U.S. counties had a severe shortage of mental health workers, both prescribers and non-prescribers.¹² The current behavioral health workforce shortage in rural America does not differ markedly from that described more than a decade ago by a presidential commission on mental health, which found that rural areas suffer from chronic shortages of mental health professionals and need improved access to mental health services.¹³

Behavioral health care providers have a critical role to play in treating the invisible wounds of OEF/OIF including PTSD, TBI, pain, and substance abuse, and dependence. Troubling shortages in the mental health workforce, particularly among psychiatrists and particularly in rural areas, pose high risk of those needing services experiencing great disparities in access and quality of mental health.¹⁴ With a large proportion of Post-9/11 wounded veterans living in rural areas, evidence suggesting a growing urban-rural divide in access to both tertiary medical care and behavioral health care is cause for concern. Moreover, the mental health workforce is aging, with the median age of psychiatrists 55.7; nearly half are 65 or older.¹⁵ While there has been growth in the number of both psychologists and social workers for many years, the number of psychiatrists has been stable and has not kept up with population growth.¹⁶ We see no evidence that a meaningful increase in the number of psychiatrists or in their geographic distribution will occur without incentives or policies such as this.

We ask that the Subcommittee support and sustain this provision.

SEC. 9. PILOT PROGRAM ON COMMUNITY OUTREACH: Would establish a peer support and community outreach pilot program to assist transitioning service members with accessing VA mental health care services

Social support has proven to be extremely significant in improving outcomes for those with PTSD, highlighting the importance of developing effective family interventions.¹⁷ While PTSD is strongly associated with relationship distress and instability, many veterans would prefer family-based interventions and treatments that target interpersonal issues, but few are able to access such resources.¹⁸ Although stigma and organizational barriers to care are often cited as explanations for why only a small proportion of service members with psychological problems seek professional help, negative perceptions about the utility of mental health care may be even stronger deterrents.¹⁹

To reach these warriors, we conclude that there is merit in a strategy of expanding the reach of treatment, to include greater engagement, increased family-based interventions, understanding the reasons for negative perceptions of mental health care, and “meeting veterans where they are.”²⁰ Peer support is also an area that could improve to increase engagement in mental health care. Underscoring the benefit of warriors reaching out to other warriors, our 2014 survey found that 59% identified talking with another OEF/OIF veteran as a top resource for coping with stress.²¹

Current law requires VA medical facilities to employ and train warriors to conduct outreach to engage peers in behavioral health care.²² Early reports from our Alumni point to the success of this initiative and suggest value in expanding the program to reach more veterans. In addition, with many disabled veterans responding well to engagement with peers, group therapy can be an important tool, whether in combination with individual psychotherapy or as a supportive treatment in itself.

We offer our Peer Support program as an example to consider. In April 2013, the Wounded Warrior Project’s Peer Support Program began to engage our Alumni through Peer Facilitated Support Groups (PFSG), to test the concept of warrior-guided peer support groups. The success of four pilot PFSGs, marked by the overwhelmingly positive feedback from our Alumni, led to the approval, in October 2013, to continue the pilot and expand it to 16 PFSGs.

The feedback from our Alumni speaks volumes of how peer support and community outreach can positively affect veterans. Below is a sample of the feedback our Alumni have provided:

A mentor wrote staff about his experience mentoring others saying,

“During the time I have been a mentor, I have gained invaluable knowledge about myself, my mentees and life in general [...] The mentorship program has truly been awesome! On both spectrums, as it relates to dealing with individuals coping with multiple issues of PTSD, TBI, chronic pain and various

other issues. Being able to reach out and just talk to someone and vent is such a rewarding experience alone. It is inner peace and healing for the giver as well as the receiver. Thank you for allowing me to heal and help others in the process."

A mentee wrote to WWP staff about his mentor saying,

"I couldn't be more grateful and like I told [my mentor], I'm finally feeling like I belong to something. The only other place I felt like I belonged in my whole life was the military. I feel like I can actually trust the other [alumni] members, you and [my mentor] have shown me that. Not sure why, but I do feel pride in being part of the Wounded Warrior Project, which is something I haven't felt in years."

At the recent Peer Facilitated Support Group training, an Alumnus said that by becoming a peer facilitator, it showed the progress he had made in getting better, and demonstrated to him how much he wants to help other warriors. He was thankful for having access to the Peer Support program saying, "No one can relate to a [veteran] like another [veteran]."

While visiting the Orlando peer facilitated support group, a WWP Peer Support staff member was able to speak with several Alumni about how they were doing and how WWP was helping them out. One Alumnus stated, "I was very lonely and felt out of place until I found this group." He went on to say that with the help of his peer mentor, he has gotten a job, become more social, attended several events and is attending peer mentor training in the near future to give back.

Lastly, a mentee who expressed suicidal ideations provided feedback to the Peer Support staff saying,

"Yesterday and the night before last I wanted to kill myself so bad like a marathon runner wants to drink water. I could feel it, see it, taste it! But I need you to know that [WWP staff member] and [my mentee] are in my circle for the right season of my life...I'm not a bum and I hate feeling like a burden to others. I hate asking for help because I feel like it means that I'm not capable of taking care of my kids...It's scary and it's embarrassing and it's never something I wanted to happen, but THANK YOU!!! ...I'm going to VA mental health today...."

We ask that the Subcommittee support and sustain this provision.

We believe these provisions in the Clay Hunt SAV Act would serve injured service men and women well as they battle their invisible wounds now and in the future, and that they add significant value to the other provisions H.R. 5059. We encourage the Subcommittee's support for this bill.

Thank you for your consideration of Wounded Warrior Project's views on these issues.

-
- ¹ Franklin, et al., 2014 Wounded Warrior Project Survey Report, (July 30, 2014). Accessed at: <http://www.woundedwarriorproject.org/media/691673/2014-www-alumni-survey-report.pdf>.
 - ² Karen Seal, Shira Maguen, Beth Cohen, Kristian Gima, Thomas Metzler, Li Ren, Daniel Bertenthal, and Charles Marmar, "VA Mental Health Service Utilization in Iraq and Afghanistan Veterans in the First Year of Receiving New Mental Health Diagnoses," *Journal of Traumatic Stress*, 2010.
 - ³ Karen Seal et al., "VA Mental Health Services Utilization in Iraq and Afghanistan Veterans in the First Year of Receiving New Mental Health Diagnoses," 23(1) *Journal of Traumatic Stress* 5-16, (2010).
 - ⁴ Janet Kemp & Robert Bossarte, "Suicide Data Report, 2012," Department of Veterans Affairs. Accessed at <http://www.va.gov/opa/docs/response-and-execsum-suicide-data-report-2012-final.pdf>
 - ⁵ Karen Seal et al., Id.
 - ⁶ Martin, Rachel. "Help Is Hard To Get For Veterans After A Bad Discharge." National Public Radio, <http://www.npr.org/2013/12/08/249452852/help-is-hard-to-get-for-veteransafter-a-bad-discharge>; Carter, Phillip. "The Vets We Reject and Ignore." *The New York Times*, accessed online at: http://www.nytimes.com/2013/11/11/opinion/the-vets-we-reject-and-ignore.html?_r=0
 - ⁷ Rebecca Izzo, "In Need of Correction: How the Army Board for Correction of Military Records is Failing Veterans with PTSD," 123 *The Yale Law Journal*, 1587-1605, (2014).
 - ⁸ Id.
 - ⁹ "Additional Efforts Needed to Ensure Compliance with Personality Disorder Separation Requirements," United States Government Accountability Office, October 2008. <http://www.armytimes.com/article/20130520/NEWS/305200014/Report-Combat-troop-discharges-increasesharply>
 - ¹⁰ J. Schingle, "A Disparate Impact on Female Veterans: The Unintended Consequences of Veterans Affairs Regulations Governing the Burdens of Proof for Post-traumatic Stress Disorder Due to Combat and Military Sexual Trauma" 16 *William & Mary J. of Women and the L.* 155, 170 (2009).
 - ¹¹ Hyde, P., "Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues," Substance Abuse and Mental Health Services Administration (Jan. 24, 2013), 10. Accessed at <http://store.samhsa.gov/shin/content/PEP13-RTC-BHWORK/PEP13-RTC-BHWORK.pdf>
 - ¹² Thomas, K., et al., "County-Level Estimates of Mental Health Professional Shortage in the United States," 60(10) *Psychiatric Services*, (2009), 1323-1328. Accessed at <http://ps.psychiatryonline.org/article.aspx?articleid=100819>.
 - ¹³ "Achieving the Promise: Transforming Mental Health Care in America," The President's New Freedom Commission on Mental Health (July 2003), 49-51. Accessed at <http://store.samhsa.gov/shin/content/SMA03-3831/SMA03-3831.pdf>.
 - ¹⁴ The Institute of Medicine also observed that while VA (as well as DoD) increased mental health staffing, to include increasing purchased care, those "staffing increases do not appear to have kept pace with the demand for PTSD services." (Institute of Medicine, "Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment," The National Academies Press (2014) 7)
 - ¹⁵ Hyde, P., supra, 11.
 - ¹⁶ Hyde, P., supra, 16.
 - ¹⁷ Nancy Lutwak & Curt Dill, "An Innovative Method to Deliver Treatment of Military Sexual Trauma and Post-Traumatic Stress Disorder," 178 *Military Medicine*, 1039-1040, (2013).
 - ¹⁸ Christopher Erbes et al., "Couple Adjustment and Posttraumatic Stress Disorder Symptoms in National Guard Veterans of the Iraq War," 25 (4) *Journal of Family Psychology*, 479-487, (2011). Anna Khaylis et al., "Posttraumatic Stress, Family Adjustment, and Treatment Preferences Among National Guard Soldiers Deployed to OEF/OIF," 176 *Military Medicine*, 126-131, (2011).
 - ¹⁹ Paul Kim, et al. "Stigma, Negative Attitudes about Treatment, and Utilization of Mental Health Care Among Soldiers," 23 *Military Psychology* 66 (2011).
 - ²⁰ Charles W. Hoge, MD, "Interventions for War-Related Posttraumatic Stress Disorder: Meeting Veterans Where They Are," *JAMA*, 306(5): (August 3, 2011) 548

21 Franklin, et al., 2013 Wounded Warrior Project Survey Report, (July 23, 2013). Accessed at:

<http://www.woundedwarriorproject.org/media/505955/2013-alumni-survey-results.pdf>

22 National Defense Authorization Act for Fiscal Year 2013, Public Law 112-239, §730, (Jan. 2, 2013).

Additionally, the President issued an Executive Order in August 2012, which included among new steps to improve warriors' access to mental health services, a commitment that VA would employ 800 peer specialists to support the provision of mental health care. Exec. Order No. 13625 "Improving Access to Mental Health for Veterans, Service Members, and Military Families" (Aug. 31, 2012)