

STATEMENT OF
ALEKS MOROSKY
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES
BEFORE THE
VETERANS' AFFAIRS SUBCOMMITTEE
ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
WITH RESPECT TO

H.R. 4720, H.R. 4887, H.R. 4977, H.R. 5059, H.R. 5475, and H.R. 5484

WASHINGTON, D.C.

November 19, 2014

Chairman Benishek, Ranking Member Brownley and members of the Subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I want to thank you for the opportunity to present the VFW's stance on legislation pending before this Subcommittee. Your hard work and dedication to improving the quality of veterans' health care positively impacts the lives of all those who have served in our nation's military. The bills we are discussing today are aimed at continuing that progress and we thank the Committee for bringing them forward.

H.R. 4720, Medal of Honor Priority Care Act:

The VFW supports this legislation which would elevate Medal of Honor recipients from VA Priority Group 3 to Priority Group 1. The 79 living Medal of Honor recipients are held in the highest esteem by the veterans and military community. These men have turned the tide of battle against overwhelming enemy forces, and saved the lives of their comrades at great risk to themselves. Accordingly, we believe it is entirely appropriate to grant them Priority Group 1 status as a small but meaningful symbol of our appreciation for their heroic actions.

H.R. 4887, Expanding Care for Veterans Act:

The VFW supports this legislation which would expand VA research, education, and delivery of complementary and alternative medicine (CAM) treatments.

Too often, the VFW hears stories of veterans who have been prescribed high doses of ineffective medications to treat their mental health conditions. Countless veterans have experienced first-

hand the dangerous side of pharmacotherapy. Many of these medications, if incorrectly prescribed, have been proven to render veterans incapable of interacting with their loved ones and even contemplate suicide. With the expanding evidence of the efficacy of non-pharmacotherapy modalities, such as psychotherapy and CAM, VA should ensure it affords veterans the opportunity to access effective mental health treatments that minimize adverse outcomes.

VA has made a concerted effort to change its mental health care providers' dependence on pharmacotherapy to treat mental health conditions and manage pain. In 2011, the Minneapolis VA Medical Center launched its Opioid Safety Initiative. Aimed at changing the prescribing habits of providers, the Opioid Safety Initiative educates providers on the use of opioids, serves as a tool to taper veterans off high-dose opioids, and offers them alternative – non-pharmacotherapy – modalities for pain management. This spring, VA implemented the Opioid Safety Initiative system-wide.

VA has also increased its research of non-pharmacotherapy modalities. Last month, the National Center for Complementary and Alternative Medicine announced a 5-year, \$21.7 million, agreement with VA to fund 13 research projects to explore non-drug approaches to managing pain and related health conditions. These studies will evaluate the effectiveness of transcranial direct current stimulation, use of mobile devices that display real-time brain activity, mindfulness meditation, and other non-pharmacologic approaches to treating mental health conditions and chronic pain. Similarly, the VFW believes that more work should be done to ensure veterans have safe and effective ways to treat their mental health conditions.

H.R. 4977, Creating Options for Veterans Expedited Recovery Act (COVER) Act:

The VFW supports this legislation which would establish a commission to examine the efficacy of VA mental health care and identify ways to improve outcomes.

Timely and accessible mental health care is crucial to ensuring veterans have the opportunity to successfully integrate back into civilian life. With more than 1.4 million veterans receiving specialized VA mental health treatment each year, VA must ensure such services are safe and effective. As we mentioned in our testimony of H.R. 4877, VA has made a concerted effort to change the way it treats mental health conditions and chronic pain. However, more can be done to ensure veterans have access to non-pharmacologic treatments that minimize side effects and improve outcomes.

H.R. 5059, Clay Hunt Suicide Prevention for American Veterans (SAV) Act:

The VFW is proud to support the Clay Hunt SAV Act which is aimed at combatting the problem of veterans' suicide. This widely known crisis is one that weighs heavily on our nation, and especially those of us who have served in uniform. When a veteran or service member becomes so hopeless that they decide to take their own life, it is equally as devastating as a life lost in combat. What makes suicide perhaps even more tragic, however, is that it is often preventable. We would like to thank Representative Walz and Chairman Miller for bringing forth this

bipartisan legislation which contains numerous provisions that we believe will make a significant impact in addressing this complicated problem.

Section 2 would require annual third party evaluations of all VA and DOD suicide prevention programs with reports to Congress from each secretary. Numerous programs exist, but it is unclear which are most effective. The VFW believes that these reviews will allow Congress to fully evaluate which programs are working and which are not, in order to replicate those that are and promote best practices in both departments.

Section 3 would alter the way characterizations of discharge are reviewed by DOD for certain veterans who received discharges that were less than honorable and whose application for an upgrade is based on matters relating to PTSD, TBI, or MST. Instead of presuming that discharges were correct and placing the burden of proof solely on the veteran to show that an error or inequity occurred, this section would require Discharge Review Boards (DRBs) to presume administrative irregularity and place the burden of proof on DOD to show that the discharge was just. DRBs would also be required to review medical evidence provided by VA or civilian providers in determining the extent of the veteran's mental health conditions.

Discharges that are less than honorable most often disqualify veterans from the VA health care benefits. Those suffering from service-related mental health injuries are left on their own to deal with these problems, making recovery nearly impossible for many. Unfavorable discharges also cut them off from education benefits and make them undesirable to employers. This often propels them into a cycle of joblessness, substance abuse, homelessness, and even suicide.

The VFW believes that section 3 would create a system that is more just for two main categories of veterans. The first is those who served honorably in combat, but were administratively discharged upon returning home due to relatively small infractions. According to the Army Human Resources Command, discharges for misconduct have been steadily increasing since 2006, with the rate increasing by 25 percent since 2009 alone. The VFW does not believe this is because the character and quality of service members is declining, but suspects it is a reflection of the incredible stress service members have been under after a decade of war. Many have completed multiple combat deployments and suffer from often undiagnosed mental health injuries, sometimes leading to minor misconduct such as missing formations or self-medicating with alcohol and banned substances. The VFW does not want to hinder the military's ability to enforce good order and discipline within the ranks, and does not believe in amnesty for every service member who engages in misconduct. We do, however, believe that those with mental health injuries should be provided an equitable system of due process, and we believe that this section would accomplish that goal.

The second group of veterans that would benefit from section 3 is those who erroneously received administrative discharges for personality disorder (PD) or adjustment disorder (AD), but were actually suffering from PTSD, TBI, or MST. These diagnoses are considered preexisting conditions by the military and, therefore, disqualify the veteran from benefits. Since September 11, 2001, approximately 30,000 veterans have been discharged for PD or AD. Troublingly, a 2008 review by the Government Accountability Office found that rates of service compliance with DOD regulations for diagnosing and discharging service members for those

disorders was as low as 40 percent. The VFW suspects that this is because the administrative discharge process for PD and AD is much more expedient for the military unit than the medical evaluation board process required to discharge a service member for a condition acquired while in service. If this is the case, even in only some instances, it is wrong. The review process established by section 3 provides the proper framework to ensure that such potential injustices would be corrected.

Section 4 would require VA to establish a website with the name and contact information for all department mental health services located in each VISN. The VFW supports this section.

Section 5 directs each state's National Guard Joint Force Headquarters (JFHQ) to establish formal strategic partnerships with the VISNs, VA Medical Centers, and local VA OEF/OIF/OND offices in their areas. Recently, VA and the National Guard Bureau have made promising steps towards improving communication and collaboration, such as a duty to warn initiative that will establish the criteria for mandatory reporting by VA to JFHQ regarding veterans who are at high-risk of committing suicide. However, communication between VA and the National Guard Bureau has been historically poor. The VFW believes the provisions of this section are still needed to ensure that the two agencies maintain strong and lasting communication in order to provide seamless care to Guardsmen with psychological wounds.

Section 6 establishes a pilot program to repay the educational loans on mental health professionals that agree to an obligated period of service at VA. Under the program, eligible providers would be able to receive up to \$60,000 in loan repayments per year, a significant increase from the current VA physician loan repayment program. The VFW believes that this will provide VA with an important tool to recruit and retain high quality mental health providers. The national shortage of mental health professionals is well documented. Without an adequate number of doctors, wait times for VA care will remain too high. Care delayed is care denied, and VA must remain competitive in attracting mental health professionals for employment.

Section 7 alters the GI Bill Yellow Ribbon Program by allowing VA to contribute up to 64 percent of the cost of an advanced degree for veterans pursuing advanced degrees in mental health and who intend to seek employment as VA mental health care providers. The VFW strongly supports efforts to train veterans to serve as mental health care providers, but we believe that efforts to do so should be focused on incentivizing the veteran, rather than the institution. As written, this section would provide more money to institutions already participating in the Yellow Ribbon Program, but would not necessarily create a perceivable incentive for veterans to enter the mental health field. As an alternative, we would suggest providing additional grants or tuition assistance directly to veterans who are pursuing mental health degrees with the intention of seeking VA employment.

Section 8 directs the National Guard Bureau to conduct a zero-based review of the staffing requirements for states/territories for the National Guard Psychological Health Program. Since introduction of this legislation, the VFW has learned from the most recent report by the Recovering Warrior Task Force that the Army National Guard conducted the review of staffing needs and the Psychological Health Program is now completely staffed. We would ask that Congress continue to conduct oversight to ensure that this remains the case.

Section 9 would establish a pilot community outreach program staffed by peer support specialists. Peer support is a proven model of success within VA facilities, and the VFW believes that allowing peer support specialists out in the community to help connect their fellow veterans with the services they need is the next step. This program could be immensely valuable in preventing suicide by allowing peer support specialists to connect with veterans who may never have sought help on their own.

H.R. 5475, a bill to improve the care provided by the Secretary of VA to newborn children:

The VFW supports this legislation which would expand VA's authority to provide health care to a newborn child, whose delivery is furnished by VA, from 6 to 14 days post-birth.

According to the Centers for Disease Control and Prevention, newborn screenings are vital to diagnosing and preventing certain health conditions that can affect a child's livelihood and long-term health. We understand the importance of high-quality newborn health care and its long-term impact on the lives of veterans and their family. VA should do what is needed to ensure newborn children, whose delivery was furnished by VA, receive the proper post natal health care they deserve.

H.R. 5484, Toxic Exposure Research Act of 2014:

This legislation would establish an advisory board to assist VA in determining the association between adverse health conditions and exposure to toxic substances. It would also establish a national center for research to study the health effects of toxic exposures on the descendants of individuals who were exposed to such substances during their military service. The VFW supports this legislation and would like to offer suggestions to strengthen it, which we hope the subcommittee would consider, should it be advanced to markup.

The VFW does not support section 4 which would authorize the Advisory Board to determine whether a veteran, who submits a claim, has a health condition that would qualify such veteran for VA health care or compensation benefits. VA already has an established process for adjudicating all disability claims. Creating a new process for the unique purpose of deciding toxic exposures claims would add further confusion to the disability evaluation system. A new parallel system would disrupt the progress VA is making towards breaking the claims backlog by forcing them to reallocate resources, and would obscure the existing process by providing veterans with potentially conflicting or misleading information. The VFW supports addressing flaws in the current system, but strongly believes that VA should continue to make individual determinations of VA benefits. We suggest the Advisory Board's claims process be limited to whether its research has found that a health condition is associated with exposure to toxic substances. Such a process should serve to inform veterans of the Advisory Board's findings, not determine a veteran's eligibility for VA benefits.

Veterans who were exposed to toxins during their military service deserve to know if their chronic health conditions were caused by such exposure. For far too long, veterans, such as those who flew and maintained contaminated C-123 aircrafts after the Vietnam War, have struggled to obtain VA benefits for chronic health conditions that are directly related their

military service. This legislation would ensure VA devotes the proper time and resources to make objective and evidence-based determinations regarding the health conditions that are associated with toxic exposures.

The VFW also recognizes the need for more research on the health effects of toxic exposures on the descendants of individuals who were exposed to such substances during their military service. In its report *Veterans and Agent Orange: 2012 Update*, the Institute of Medicine (IOM) stated that “the amount of research providing reliable information on the consequences of paternal exposure is extremely sparse not only for [Agent Orange] but also for the full array of environmental agents that may pose threats to the health of future generations.” With the existing body of research on this topic, VA has established the Spina Bifida Program, to provide health care and benefits to the children of certain Vietnam veterans, who were born with spina bifida – an extremely debilitating neural tube birth defect. VA also provides health care and benefits to children of women Vietnam veterans born with certain birth defects.

However, exposure to toxic substances is not limited to Vietnam veterans. We believe VA has the responsibility to research whether the descendants of other veterans who have been exposed to toxic substances, such as the approximately 650,000 veterans and family members who now qualify for VA health care benefits as a result of their exposure to contaminated water in Camp Lejeune, are at risk of developing adverse health conditions.

Mr. Chairman, this concludes my testimony and I look forward to any questions you and the members of this subcommittee may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, VFW has not received any federal grants in Fiscal Year 2013, nor has it received any federal grants in the two previous Fiscal Years.