



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

APRIL 23, 2015

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

Thank you for inviting Wounded Warrior Project® (WWP) to provide our views on pending health-related legislation today. Several of the measures under consideration directly relate to policy priorities of wounded warriors and their family members and we are encouraged to see their consideration. What follows are our comments on those bills.

H.R. 271 – The COVER Act

In 2014, WWP surveyed 21,120 wounded, ill, and injured veterans of this generation, who responded *en force*, and documented some of the challenges that they face. In this year’s Annual Alumni Survey we found that 59.8% of survey respondents had been hospitalized as a result of their wounds or injuries,¹ with some 57.1% having suffered blast injuries and 14.7% bullet or shrapnel wounds.² Most of these warriors live with pain. In fact, two-thirds of the respondents said they live with moderate, severe, or very severe bodily pain.³ Some 88.6% said their pain interferes with work; among them, 32.9% said pain interfered with work “extremely” or “quite a bit.”⁴

Working with this generation of wounded, injured and ill veterans, we at WWP see daily the devastating impact of pain resulting from polytrauma and in-theater injury. Pain is the most frequent reason patients seek medical care in the United States.⁵ In general, however, studies of VA patients show that the pain veterans experience is significantly worse than that of the general population and is thought to be associated with greater exposure to trauma and psychological stress.⁶

¹ Franklin, et al., 2014 Wounded Warrior Project Survey: Report of Findings, 25 (July 30, 2014).

² Id., 24.

³ Id., 46.

⁴ Id., 46.

⁵ Office of the Army Surgeon General, Pain Management Task Force Final Report, “Providing a Standardized DoD and VHA Vision and Approach to Pain Management to Optimize the Care for Warriors and their Families,” E-1 (May 2010) . <http://www.dvcipm.org/files/reports/pain-task-force-final-report-may-2010.pdf/view>. Accessed October 1, 2013.

⁶ Id., 1.

The benefits of complementary alternative treatments are many. At WWP, we envision a generation of Wounded Warriors well-adjusted in body, receiving the care they need to maximize rehabilitation and live active and healthy lives. Through adaptive sports, health, nutrition, and recreational activities, WWP helps Wounded Warriors achieve independence and pursue an excellent quality of life. To realize these goals, our Physical Health & Wellness (PH&W) programs are designed to reduce stress, combat depression, and promote an overall healthy and active lifestyle by encouraging participation in fun, educational activities. Physical Health & Wellness has something to offer warriors in every stage of recovery. Our PH&W program goals are built upon four pillars:

- 1. Inclusive Sports - Inclusive sports allow warriors living with cognitive, emotional, or physical impairments to engage in local community-based activities to help them overcome both visible and invisible injuries. Participation in inclusive sports is a great tool for rehabbing and learning to thrive. Through sports and recreation, warriors can spark deep-rooted leadership skills and challenge buddies in some friendly competition.
- 2. Fitness - Making fitness a daily routine can change your life. Fitness activities such as run or walk events, dancing, crossfit, paddle boarding, cycling, and rock climbing are great for reaching personal goals such as weight management, physical endurance, speed, strength, and an overall healthier lifestyle.
- 3. Nutrition - Nutrition plays an important factor in well-being, especially when making new adjustments. By focusing on nutrition, Physical Health & Wellness educates warriors about the four major foods groups, teaches healthy food preparation techniques, and provides nutritional knowledge to promote healthy choices. Just because it's healthy doesn't mean it doesn't taste good. A strong focus on nutrition can have lasting benefits.
- 4. Wellness - Wellness focuses on educating warriors about healthy lifestyle behaviors and providing opportunities to participate in physical activities that embrace fun, leisure, and recreation. Active engagement in activities such as smoking cessation education, meditation, stress management, yoga, and scuba, can unite mind and body for an improved lifestyle.

The COVER Act (H.R. 271), would establish a commission to examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental illnesses of veterans and the potential benefits of incorporating complementary alternative treatments available in non-Department of Veterans Affairs medical facilities within the community.

As we testified to in March of this year, access to mental health, and specifically providing alternatives to trauma-focused psychotherapy— including supportive group therapy and other evidence-based therapies— for veterans who wish to avoid revisiting trauma, is a priority for Wounded Warrior Project.

Combat stress and combat-related mental health conditions are highly prevalent among OEF/OIF/OND veterans and affect many who have sustained other serious injuries. Numerous studies have documented the profound consequences for warriors' overall health, well-being, and economic adjustment when chronic post-service mental health issues like post-traumatic stress disorder (PTSD) are left unaddressed. After more than a decade of combat operations marked by multiple deployments, the systems dedicated to providing mental health care to service members and veterans are still struggling to accomplish their missions.¹

Wounded Warrior Project supports finding innovative ways to engage more wounded veterans in needed mental health care. In that regard, we have specifically supported approaches that would integrate complementary medicine into traditional practices as well as using complementary practices as a gateway to

evidence-based services to engage veterans who, for example, might otherwise be reluctant to seek or accept mental health treatment.

Improving the access, timeliness, and effectiveness of care for the invisible wounds of war (including PTSD, depression, and anxiety; TBI; substance use conditions; and chronic pain) through programmatic change—to include integrating complementary therapies—continued oversight, and legislation must be a priority for the Committees.

We also believe that providing alternatives to trauma-focused psychotherapy— including supportive group therapy and other evidence-based therapies—for veterans who wish to avoid revisiting trauma must also be pursued.

More can be done to help veterans transition into their communities and recover from the visible and invisible wounds of war. The COVER Act is a step in the right direction, and we encourage your support for the bill.

H.R. 1369 – The Veterans Access to Extended Care Act of 2015

Improvements in military medicine and technology have allowed disabled warriors from this generation to survive injuries that would have been deadly in previous conflicts, including severe traumatic brain injuries and injuries that affect many different systems of the body – also known as polytraumatic injuries. Many of these warriors will need care that calls on VA and their family for their entire life. Long-term injuries require long-term care above and beyond routine doctor’s visits. Care and support provided by VA must be focused not only on function, but also on quality of life and ensuring that family members and caregivers are supported so they can continue to be there for their loved ones throughout the long journey to recovery.

Through Wounded Warrior Project’s Independence Program, WWP helps warriors live life to the fullest, on their own terms. The Independence Program is designed for warriors who rely on their families or caregivers because of moderate to severe brain injury, spinal-cord injury, or other neurological conditions. In addition, the warrior’s cognitive or physical challenges limit their opportunities to access resources and activities in their own community.

The Independence Program is a team effort, bringing together the warrior and his or her full support team while creating an individualized plan for each warrior — focusing on goals that provide a future with purpose at no cost to the warrior and his or her support team. It is designed as a comprehensive long-term partnership intended to adapt to the warrior’s ever-changing needs. The Independence Program also provides support and training for involvement in meaningful activities, including social and recreational, wellness, volunteer work, education, and other living skills (including some activities and therapies specified in H.R. 271, the COVER Act).

Through partnerships with nursing home, adult day, and extended care service providers, Wounded Warrior Project helps meet an unmet need for these catastrophically injured veterans. The Veterans Access to Extended Care Act of 2015 (H.R. 1369), would modify the treatment of agreements entered into by the Secretary of Veterans Affairs to furnish nursing home care, adult day health care, or other extended care services. This modification would increase veterans’ access to these community-based care providers and help meet the long-term needs of disabled veterans. We are supportive of this effort and recommend the committee’s passage of the bill.

Draft legislation to improve reproductive treatment provided to certain disabled veterans

WWP thanks the Committee specifically for the opportunity to provide our thoughts regarding the fertility treatments provided by the Department of Veterans Affairs (VA). In our decade-long experience working daily with this generation of wounded warriors, we believe that there is a serious, unmet need to provide reproductive services and adoption assistance to assist in helping severely wounded, ill, or injured veterans who have service-incurred infertility conditions to have children.

Blasts from widespread use of improvised explosive devices in Iraq and Afghanistan, particularly in the case of warriors on foot patrols, have increasingly resulted not only in traumatic amputations of at least one leg, but also in pelvic, abdominal or urogenital wounds.² While not widely recognized, the number and severity of genitourinary injuries has increased over the course of the war, with more than 12% of all admissions in 2010 involving associated genitourinary injuries.³ With that increase has come not only Department of Defense (DoD) acknowledgement of the impact of genitourinary injuries on warriors’ psychological and reproductive health,⁴ but the adoption of a policy authorizing and providing implementation guidance on assisted reproductive services for severely or seriously injured active duty service members.⁵ DoD’s policy, set forth in revisions to its TRICARE Operations Manual, applies to service members of either gender who have lost the natural ability to procreate as a result of neurological, anatomical, or physiological injury. The policy covers assistive reproductive technologies (including sperm and egg retrieval, artificial insemination, and in vitro fertilization) to help reduce the disabling effects of the service member’s condition to permit procreation with the service member’s spouse.⁶

For veterans, however, VA coverage is very limited in scope. The regulation describing the scope of VA’s “medical benefits package” states explicitly that in vitro fertilization is excluded⁷ and that “[c]are will be provided only...[as] needed *to promote, preserve, or restore the health* of the individual... (italics added).”⁸ Consistent with that limiting language, the VA’s benefits handbook advises women veterans with regard to health coverage that “...infertility evaluations and limited treatments are also available.”⁹

The VA’s policy of providing only “limited” services to veterans unable to procreate likely rests on at least two grounds. First, the VA has long construed its authority as limited to “treatment” of a disability, and as not extending to procedures that did not “treat” the underlying disability but were aimed at “overcoming” it. The VA’s references to “limited treatment” likely also reflect a view that its statutory health care role is one of providing services to the veteran (and the veteran only), and thus does not extend to procedures or advanced technologies that involve not only the veteran, but a spouse or partner.

In a departure from longstanding policy, the VA stated last year that “[t]he provision of Assisted Reproductive Services (including any existing or future reproductive technology that involves the handling of eggs or sperm) is in keeping with VA’s goal to restore the capabilities of Veterans with disabilities to the greatest extent possible and to improve the quality of Veterans’ lives.”¹⁰ In its statement, VA also expressed support in principle for legislation authorizing VA to provide assistive reproductive services to help a severely wounded veteran with an infertility condition incurred in service and that veteran’s spouse or partner have children. It conditioned that support, however, on “assurance of the additional resources that would be required.”¹¹ While these advanced interventions require resources, cost should not be a barrier as it relates to this country’s obligation to young warriors who sustained horrific battlefield injuries that impair their ability to father or bear children.

Families play a critical role in wounded veterans’ reintegration, recovery, and rehabilitation. Military families have a unique culture, and learn to live with the shared sacrifices that come with military service.

Those who return from war with visible or invisible wounds that prevent them from having children can find the transition home even more challenging.

We are proud to support the Committee’s work to expand fertility treatment for certain disabled veterans and their spouses. We would ask that the Committee also consider incorporating provisions from the Women Veterans and Families Health Services Act of 2015, S. 469, while this bill remains under consideration. The Women Veterans and Families Health Services Act, introduced by former Senate Veterans Affairs Committee Chairman, Senator Patty Murray, would also expand the treatment and care by the VA. Further, the bill would provide fertility treatment for spouses of severely wounded service members, provide adoption assistance for veteran families, and make permanent a VA veterans child care services pilot program.¹²

WWP urges the Committees to enact legislation that would enable couples who are unable to conceive because of the warrior’s severe service-incurred injury or illness to receive fertility counseling and treatment, including assisted reproductive services.¹³

Conclusion

WWP envisions a future in which the most successful, well-adjusted generation of injured service members in our nation’s history not only survives, but also thrives. This vision requires sustained public support, and relevant programs and services for veterans and their caregivers. Helping Wounded Warriors requires a lifetime of commitment. WWP commits to serving this population for their lifetime, and working with Congress and the Administration to realize this vision.

Thank you for the opportunity to comment on these important bills.

The mission of Wounded Warrior Project® (WWP) is to honor and empower Wounded Warriors. WWP’s purpose is to raise awareness and to enlist the public’s aid for the needs of injured service members, to help injured service men and women aid and assist each other, and to provide unique, direct programs and services to meet their needs. WWP is a national, nonpartisan organization headquartered in Jacksonville, Florida. To get involved and learn more, visit www.woundedwarriorproject.org.

¹ <http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities.aspx>
² Dismounted Complex Injury Task Force, “Dismounted Complex Blast Injury: Report of the Army Dismounted Complex Injury Task Force,” I (June 18, 2011) available at:
<http://www.armymedicine.army.mil/reports/DCBI%20Task%20Force%20Report%20%28Redacted%20Final%29.pdf>.
³ Id. at 16.
⁴ Id.
⁵ Asst. Secretary of Defense (Health Affairs) & Director of TRICARE Management Activity, Memorandum on Policy for Assisted Reproductive Services for the Benefit of Seriously or Seriously Ill/Injured (Category II or III) Active Duty Service Members (April 3, 2012) available at: http://www.veterans.senate.gov/upload/DOD_reproductive_letter.pdf.
⁶ Dept. of Defense, TRICARE Operations Manual 6010.56-M, Chapter 17, Section 3, para. 2.6 (Sept. 19, 2012).
⁷ 38 C.F.R. § 17(c)(2).
⁸ 38 C.F.R. § 17(b) (Emphasis added).
⁹ Dept. of Veterans Affairs, “Federal Benefits for Veterans, Dependents and Survivors” available at http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp
¹⁰ *Health and Benefits Legislation Hearing Before the S. Comm. on Veterans Affairs*, 112th Cong. (2012).
¹¹ Id.
¹² Information about S.469 can be found at <https://www.congress.gov/bill/114th-congress/senate-bill/469>.
¹³ To learn more about the how important fertility issues are to wounded service members, visit <http://www.woundedwarriorproject.org/programs/policy-government-affairs/key-policy-priorities/objective-3-optimal-long-term-rehabilitative-care/initiative-4.aspx>.