



April 17, 2018

**Testimony of
Bob Carey, Director, Policy & Advocacy, The Independence Fund**

The Independence Fund

Dear Chairman Wenstrup, Representative Brownley, and Members of the Subcommittee, thank you very much for inviting The Independence Fund to testify before your Subcommittee today. I am Bob Carey, Director of Policy & Advocacy of The Independence Fund, headquartered in Charlotte, North Carolina, with additional offices in Washington, DC and San Antonio, TX.

Only 10 years old, we were founded in 2007 with the very specific purpose of assisting the most catastrophically wounded veterans from the Iraq and Afghanistan with adaptive mobility devices, and returning to them, at least in part, their independence. Since those humble beginnings, The Independence Fund's grown to also provide assistance for the caregivers of the catastrophically wounded and disabled, assistance to adaptive athletes and teams, wellness programs to combat the scourge of veteran suicide and post-traumatic stress disorder, veteran service programs to navigate the overly complex VA health care and benefit systems, advocacy programs to change the laws and regulations that unnecessarily limit veterans access to their earned benefits, and our newest program, Heroes at Home, which will assist the children of the catastrophically wounded and disabled.

To date, The Independence Fund's provided more than \$50 million in assistance to the catastrophically wounded and disabled and their Caregivers. This includes more than 2,200 motorized cross-country wheelchairs, 1,500 adaptive bicycles, and more than 150 Caregiver support retreats.

Overall Issues and Compromise Legislation

Mr. Chairman, we would be remiss if we did not discuss the failed opportunity to bring widespread reform to the VA system with the recently considered compromise VA Choice, Caregiver expansion, and capital asset review legislation that was proposed to include on the Comprehensive Appropriations Act for FY 2018, recently passed by Congress. The Independence Fund supported this compromise legislation, as we believe most every other major veteran service organization did. We do not believe a single veteran service organization opposed the compromise legislation. That is why we joined our VSO colleagues in our disappointment it was not included in the final omnibus legislative package.

That said, it is not too late to enact this groundbreaking legislation. With the VA Choice program projected to run out of money by late May or early June, some type of legislative action will be needed very soon. The Independence Fund believes that original compromise legislation, without amendment, is our best chance to break ourselves from this endless cycle of budgetary brinksmanship with the VA Choice program, to bring meaningful and real choice to the VA health care system, to expand the caregiver program, and to analyze deliberately and rigorously the real capital asset requirements of the VA.

While we share the Chairman's and the prior Secretary's concerns expanding the VA Caregiver program without revising the eligibility criteria may swamp the program so completely that current caregivers are denied the support they need, the need for expanding choice in the VA health care system is so severe, we are willing to take that risk with the Caregiver program as part of a broad legislative compromise proposal.

Therefore, Mr. Chairman and members of the Subcommittee, **The Independence Fund strongly recommends the proposed omnibus legislative compromise language, with all three pieces major reform – VA health care choice expansion and community care consolidation; VA Caregiver expansion, and the capital asset review – be pursued in their entirety, and without further amendment, before alternative texts are considered.** It is in this compromise language that our community finds its best hope for passage. With the universal VSO support, if any part of the original omnibus language were reopened, we would demand, as we believe many other VSOs would demand, for additional reforms of other parts of that omnibus package. In our case, it would be further expansion of access to non-VA care and refinement and national standardization of the Caregiver program. But such renegotiation of the language would likely delay consideration to after the deadline for funding VA Choice, and with that, the best legislative vehicle for enacting such laws.

HR 2322

Mr. Chairman, with The Independence Fund's focus on reforming VA health care, especially for the catastrophically disabled, and for supporting the caregivers and families of those catastrophically disabled, we will only comment on HR 2322, HR 4334, and the Revised Draft to Make Certain Improvements in the Family Caregiver Support Program.

Which brings us to the specific issue of wheelchairs and prosthetics. Our Executive Director, Sarah Verardo, is Caregiver to her husband SGT Michael Verardo, USA (Ret), catastrophically wounded in Southern Afghanistan in 2010. Mike regularly talks about how his biggest battle was not on the battlefield, nor in the immediate recovery before his medical retirement from the military in 2013. Mike and Sarah's biggest battle is with a VA health care system unresponsive to their unique health care needs, and apparently either unwilling or unable to make the changes necessary to optimize the care for the catastrophically disabled. Their personal experience, and the experience of hundreds of our clients served through the years, is that **the VA cannot deliver wheelchair and prosthetic repairs and replacements in a timely manner.**

For example, when Mike was retired from the military and we moved back to Rhode Island, his prosthetic leg was damaged, but we had to wait 57 days for a VA medical administrator to sign a form authorizing the repair of the prosthetic. Eventually, the prosthetic vendor grew disgusted with the VA and provided a new prosthetic without authorization, risking non-payment. In the meantime, Sarah was forced to duct tape Mike's leg to keep it even somewhat operational. More recently when Sarah requested a wheelchair repair or replacement from VA, she was told that the VA needed to evaluate if Mike still had injuries that required wheelchair use. Apparently the VA did not realize limb loss is permanent.

The Independence Fund's made eliminating the requirement to see a Primary Care Physician first when seeking prosthetics or wheelchair repairs one of its top priorities, meeting with the White House, the prior Secretary, Congress (including this Subcommittee), and the leadership of the Rehabilitation, Wheelchair, and Prosthetics departments at the VA. And that is why we are so encouraged by VA's announcement week before last eliminating that requirement, allowing the Veteran to go directly to the wheelchair and prosthetics offices to seek assistance.

But that, Mr. Chairman, is not enough. The VA Inspector General released a report last month detailing the myriad problems with wheelchair and prosthetic repairs in VISN 7, which we believe apply nationwide. The first remarkable item in this report is that the VA apparently has no standard for how long it should take to repair wheelchairs and scooters. Second, the VA IG found the average wait time was 99 days. Some of the Veterans researched in this study were bedridden for more than 100 days while their wheelchairs were being repaired. We believe such wait times are similar for prosthetics as well.

Lastly, the VA IG detailed the repair administrative process. That process seems incredibly complex and unnecessarily duplicative. A simple process review would likely be able to trim substantial time and steps from this process. The Independence Fund recently met with the Central Office Prosthetics and Wheelchairs Department, and we are hoping to enter some Memorandum of Understanding with the VA to help them improve those processes. We request your support with the VA to enter into such an agreement with us.

But again, Mr. Chairman, we do not believe there are any circumstances where the VA will be able to adequately respond to Veterans' prosthetic and wheelchair repair and replacement needs. Having to wait until the point of failure for the VA to even initiate repair or replacement action and having no spares available for the Veteran to use in the interim, highlights a system unresponsive to the basic needs of disabled Veterans. Even the 30-day repair standard the VA IG arbitrarily applied in their report (since the VA does not have its own repair/replacement standard), is unacceptably long. Therefore, **we recommend Veterans be allowed immediate access to non-VA care for the repair or replacement of prosthetics, wheelchairs, and scooters.**

With regards to HR 2322, we believe additions and revisions to the bill will help address these problems, and we look forward to working with the sponsors of the legislation and the Subcommittee to revise it. But specifically, we believe the following recommendations will help improve the legislation:

- **Specifically add language for wheelchairs.** While many amputees are able to use their prosthetics for many hours throughout the day, many others are more limited in that use, relying on wheelchairs for the other times. Further, administratively, the wheelchair programs and prosthetic programs are run by the same offices in the VA, and the procedures are developed by the same personnel.
- **Required the VA to develop realistic repair and replacement timelines.** As the VA IG report highlighted, the VA currently has not standards for how long it can take to repair or replace a wheelchair or prosthetic device. The VA IG used 30 days as an arbitrary standard, but even then, we believe that is unreasonably long. Further, the VA has no preventive maintenance programs, or backup/loaner programs, even for manual wheelchairs. **We believe the Bill of Rights must include timely access to repairs and replacements, loaners and backups provided by the VA within days of the Veteran contacting VA, and immediate direct access to the vendor by the Veteran, rather than having to go through the Byzantine VA bureaucracy.**

HR 4334

Mr. Chairman, The Independence Fund salutes the Subcommittee's commitment to serving our female Veterans and specifically addressing their unique needs. We also believe the bill's focus on exploring non-VA care options is wise. While female veterans make up an increasing portion of the VA health care population, they are still a significant minority. We are concerned, at least in some regions, there will never be enough of a female patient density to justify unique female programs at local VA facilities, and that the unique needs of female Veterans are such that the VA will never be able to recruit enough specialists to provide adequate VA care to that population at the local level.

Further, we do not believe regional or national specialist clinics, to which female Veterans would travel, are a reasonable way to provide the care. It forces sick Veterans to travel long distances, forces them inappropriately into inpatient care settings, and takes them away from their primary family and local support systems. Therefore, Mr. Chairman, The Independence Fund recommends the language regarding female Veteran access to non-VA care by strengthened and expanded. We look forward to working with the bill sponsors and the Subcommittee on those recommendations.

Caregiver Support Programs

Mr. Chairman, as The Independence Fund's noted many times in the past, we share your concern expanding the Caregiver program without also refining it may so swamp the VA Caregiver infrastructure that current Caregivers are denied the support they need. And in another time and another place, we would be excited to help the Subcommittee with such refinements. However, our fellow VSOs have made it clear, in no uncertain terms, that only absolute expansion of the program, under current eligibility rules, to pre-9/11 Veterans, is acceptable to them as part of the broader omnibus appropriations compromise legislation. Any change to that current language will trigger their opposition to the entire package. Therefore, we are concerned consideration of this legislation at today's hearing may endanger Congress' ability to get not only VA Caregiver expansion enacted, but VA Choice expansion as well.

The Independence Fund's attached it's response to the February 2018 Federal Register request for comments on the current Caregiver program, as well as our testimony before the VA's Caregiver and Military Family Advisory Committee, in order to provide the Subcommittee with the background on our overall concerns with the program.

If Congress is unable to pass the omnibus appropriations compromise VA reform legislation, and the entire gamut of issues is reopened for legislative consideration, The Independence Fund looks forward to working with the Subcommittee then on the new Caregiver expansion and reform legislation.

Thank you again, Mr. Chairman, for the opportunity to appear before this Subcommittee today. I look forward to answering any questions you may have.