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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairwoman Brownley and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing of the Subcommittee on Health. DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration by the Subcommittee.

H.R. 234, Korean American Vietnam Allies Long Overdue for Relief (VALOR) Act

This bill would amend Section 109 of title 38, United States Code (USC), to authorize the Department of Veterans Affairs (VA) to provide medical services, hospital and domiciliary care under Chapter 17 of the USC to a veteran from the Republic of Korea, who served during the Vietnam War and subsequently became a citizen of the United States. These individuals would receive such services as if they were veterans of the U.S. Armed Forces.

While DAV acknowledges the courage and accomplishments of our allies in Vietnam and other conflicts, we do not have a resolution that allows us to support this legislation.

H.R. 344, Women Veterans Transitional Residence Utilizing Support and Treatment (TRUST) Act

H.R. 344 would require the VA Secretary to conduct a nationwide study to determine the need for women-specific programs to treat and rehabilitate women veterans with drug and alcohol dependency. Following the analysis, the VA Secretary would be required to select at least three VA networks to carry out a pilot program specific to the treatment and rehabilitation needs of women veterans with drug and alcohol dependency.

Women veterans face a unique set of challenges associated with their military service that elevates their risk for developing substance use disorders (SUD). Post-

traumatic stress disorder (PTSD), often due to military sexual trauma (MST), is one such issue. Approximately 7.2% of women veterans using VA health care services have a substance use disorder.¹ Substance use is associated with family instability, homelessness, decreased worker productivity, and declining health. SUDs also increase risk for suicidal behavior in veterans, especially in women, with 30% of completed suicides preceded by drug or alcohol use.² Additionally, the health impacts of substance use and withdrawal is different for women than for men, as are their reasons for both using substances and stopping or reducing their substance use. Understanding these differences is important to providing effective care.

Current VA guidance for substance use services states, “programs are strongly encouraged to make available gender-specific services when clinically needed for veterans with [substance use disorder] including services for those with consequences of MST.”³ VA’s ability to offer more gender-tailored substance use disorder treatment services could help to decrease stigma and increase treatment utilization, attendance, and the overall satisfaction rates among women veterans who need this specialized care. Researchers found that women receiving care at VA medical centers that offered specialized services for women were more likely to engage in treatment and were more receptive to SUD treatment when gender-specific care options were accessible.⁴

DAV strongly supports H.R. 344—the TRUST Act, in accordance with DAV Resolution No. 093, which supports improvement of VA substance-use disorder programs for veterans with co-morbid mental health and substance-use disorder conditions and DAV Resolution No. 020, which calls for improvement of VA programs and services for women veterans to ensure equal access to quality treatment and specialized services.

H.R. 958, Protecting Moms Who Served Act

H.R. 958 would require the VA to increase support for its maternity care coordination activities and identify any adverse effects military service has on maternal mortality and morbidity among women veterans and certain racial and ethnic women veteran minorities who utilize VA health care services.

Women using VA health care have a number of factors that may put them at higher risk of adverse birth and health outcomes such as physical disabilities, advanced age, mental health conditions including PTSD, depression, anxiety and substance abuse. Additionally, overall, women who receive VA-sponsored maternity care

¹ Teeters, J.B., Lancaster, C.L., Brown, D.G., Back, S.E. (2017). Substance Use Disorders in military veterans; prevalence and treatment challenges. Substance Abuse and Rehabilitation. 8: 69-77.

² Teeters, J.B., Lancaster, C.L., Brown, D.G., Back, S.E. (2017). Substance Use Disorders in military veterans; prevalence and treatment challenges. Substance Abuse and Rehabilitation. 8: 69-77.

³ U.S. Department of Veterans Affairs, Veterans Health Administration (2012) VHA Handbook 1160.04 VHA Programs for Veterans with Substance Use Disorders.

⁴ Teeters, J.B., Lancaster, C.L., Brown, D.G., Back, S.E. (2017). Substance Use Disorders in military veterans; prevalence and treatment challenges. Substance Abuse and Rehabilitation. 8: 69-77.

experience higher incidence of pre-eclampsia, fetal growth restriction and placental abruption.⁵

As maternity services for women veterans are provided through VA's Community Care Network, VA has instituted a maternity care coordination policy in order to ensure that women veterans are receiving high quality care. Unfortunately, VA women's health champions have identified that this critical care coordination position is often a collateral duty and, according to VA's 2018 WATCH Report, only 11% of VA facilities had a dedicated full-time maternity care coordinator, often assigned to Women Veterans Program Managers.

This legislation would provide additional resources to VA to ensure training is available to better equip community providers in addressing the unique needs of pregnant and post-partum women veterans, including service-related mental and behavioral health issues. The bill also requires VA to use existing data to assess maternal mortality, severe maternal morbidity, and rates of unexplained infertility among veterans, all with a particular focus on racial and ethnic disparities in maternal health outcomes.

DAV strongly supports H.R. 958 in accordance with DAV Resolution No. 020, which calls upon DAV to support program enhancements and improvements including gender-specific services for women veterans, and DAV Resolution No.133, which supports VA's efforts to identify and research associations between military service and the impact on veterans' health.

H.R. 1448, Puppies Assisting Wounded Servicemembers (PAWS) for Veterans Therapy Act

H.R. 1448 would require the VA to carry out a five-year pilot program to award grants to one or more non-government agency to assess the effectiveness of a service dog training program on reducing symptoms in veterans enrolled in the VA health care system who are suffering from post-deployment mental health issues or PTSD. Veterans must be referred to the program by a qualified VA health care provider and may participate in the program in conjunction with VA's compensated work therapy program.

To remain eligible for the program, veterans must see a VA mental health care provider who is treating them for PTSD at least once every six months. VA would be required to develop metrics and measure effectiveness of the program on reducing veterans PTSD symptoms and their overall progress over a five-year period. The bill would require a Government Accountability Office (GAO) study to the methodology established for evaluating veterans' overall improvement with respect to psychosocial function, therapeutic compliance, and reducing dependence on certain medications. Finally, H.R.1448 includes a provision to authorize VA to provide service dogs to veterans with mental illness who do not have mobility impairments. We note that VA has

⁵ <https://www.research.va.gov/currents/0417-pregnancy.cfm>

the authority to prescribe a service dog to a veteran with mental illness including PTSD under title 38, USC, section 1714.

Recently, VA completed a multi-site study of the differential effectiveness of service dogs and emotional support dogs on assisting veterans with PTSD. According to the study report released in January 2021, of the 227 study participants, 181 veterans were paired with either a service dog or emotional support dog and followed for a period of 18 months. Researchers evaluated outcome measures for overall disability and quality of life. Secondary outcomes included PTSD symptoms, suicidal ideation, depression, sleep and anger. The study concluded that both groups showed some improvements in outcomes but that there were no marked differences between having a service dog compared to an emotional support dog in terms of improvements in quality of life and in limiting the effects of their disabilities. Among veterans paired with a service dog there was a reduction in the severity of PTSD symptoms compared to participants paired with an emotional support dog along with fewer suicidal behaviors and ideations, particularly at 18 months post-pairing.⁶

Currently under title 38, USC, Section 1714 a service-disabled veteran diagnosed as having a visual, hearing, mental illness (including PTSD) or substantial mobility impairment may be prescribed a service dog if the veteran's VA provider determines (based on medical judgment) that it is optimal for a veteran to manage the impairment and live independently through the assistance of a trained service dog. A service dog prescribed to a veteran with service-connected PTSD may be trained to perform specific tasks that enable the veteran to maintain their independence, the ability to function in the community and interact with other people. For example, such dogs may be trained to "sweep" a room for signs of danger, to recognize and deter veterans' destructive behaviors, such as self-mutilation, and to navigate veterans out of situations in which they have become anxious or confused—they may even be trained to remind veterans to take prescribed medication.

VA prescribes service dogs, which are then obtained by veterans through a non-profit agency. VA provides veterinary health insurance benefits for an accredited service dog under title 38, Code of Federal Regulations (CFR), Section 17.148(c) for veterans prescribed a service dog for a visual, hearing or substantial mobility impairment. The dog and veteran must successfully complete a training program offered by an organization accredited by Assistance Dogs International (ADI), the International Guide Dog Federation (IGDF), or both (for dogs that perform both service and guide dog assistance). We note that "mental illnesses including PTSD" (included in the statute) is not included in the regulation authorizing veterinary benefits to veterans with service dogs that have successfully completed training by an accredited organization described above. We urge VA to amend the regulations to match the statute and provide equity to veterans prescribed a service dog for mental illnesses or PTSD.

⁶ Department of Veterans Affairs A Randomized Trial of Differential Effectiveness of Service Dog Pairing Versus Emotional Support Dog Pairing to Improve Quality of Life for Veterans with PTSD Office of Research and Development Veterans Health Administration Department of Veterans Affairs Washington, DC January 5, 2021.

We also note that the FY 2021 National Defense Authorization Act passed in the 116th Congress (Public Law 116-283), included a provision (in Section 745 of Title VII Subtitle D) that requires the Secretary of the Department of Defense (DoD) to establish a Wounded Warrior Service Dog Program to provide service dogs to service members and veterans with certain disabilities, including: blindness or visual impairment; loss of use of a limb; paralysis or other significant mobility issues; loss of hearing; traumatic brain injury; PTSD; or any other disability that the Secretary considers appropriate. DAV does not know how DoD will implement this provision, but we are eager to understand more about this potentially important new benefit for service-disabled veterans.

DAV does not have a specific resolution on this issue, but we understand many veterans would like the opportunity to try alternative mental health treatments to reduce symptoms associated with this often severely debilitating condition without taking medication. While we do not object to a pilot project looking at the benefits of training service dogs on the severity of symptoms of veterans with PTSD, we believe that clarifying to whom VA or DoD will prescribe or provide service dogs and associated veterinary insurance benefits is a greater priority for disabled veterans.

We urge the Subcommittee to clarify how the Wounded Warrior Service Dog Project under Public Law 116-283 will affect disabled veterans' access to service dogs and ensure there is a standardized benefit package available to all veterans with a clinical need of a service dog regardless of the type of disability they have. As currently written, H.R. 1448 would maintain the confusion and inequity in VA policy regarding service dogs by not requiring training by an accredited organization accepted by VA (ADI or IGDF)—therefore making the service dog ineligible for the veterinary health insurance benefit available to veterans under title 38, CFR, section 17.148(c).

H.R. 1510, Veterans' Camera Reporting (VCR) Act

This bill would require the VA Secretary to submit a report to Congress on increasing the use of video cameras, along with recommendations on video monitoring to improve patient safety and law enforcement at VA medical centers.

The report must contain information about patient safety, to include how cameras are used to monitor staff and patients, areas in which the cameras are used to protect the patients, the procedures used to position the camera and to ensure that the cameras used in drug storage areas are properly monitored and if it is a widely-used practice. The report should also include recommendations that improve patient safety as well as law enforcement. Additionally, the bill requires information on data storage, the number of staff required to monitor video footage and funding necessary to establish routine use of interior and exterior video use to protect patient safety. We recommend that the report also include analysis and recommendations about best practices for ensuring that use of security cameras protects patient privacy to the greatest extent possible.

While DAV does not have a specific resolution calling for a report on video camera use at VA medical facilities, we do support a safe and welcoming environment for all veterans using VA health care services. This legislation would help VA determine best practices for ensuring patient safety and enforcement of policies to help promote a safe environment for both patients and staff at all VA health care facilities. For these reasons, we have no objection to the Subcommittee's favorable consideration of the legislation.

H.R. 2093, Veterans and Family Information Act

H.R. 2093 would require the Secretary of Veterans Affairs to develop fact sheets about services and benefits available to eligible veterans from the VA. The fact sheets would be available in English, in addition to the 10 most commonly spoken languages in the United States to include Spanish and Tagalog. Fact sheets would include information about the Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration. The Secretary would also be required to ensure the availability and accessibility of these fact sheets through clearly marked hyperlinks to these materials on the home page of the Department's website.

Madam Chair, language is often a barrier for minority veterans seeking VA benefits and health services and can impact their ability to apply for earned benefits as well as the effectiveness of their care and health outcomes. Requiring VA to provide health and benefits information in a variety of native languages and in a manner that is culturally appropriate would help to resolve this issue. For these reasons, we support H.R. 2093 in accordance with DAV Resolution No. 373, which calls upon VA to identify and address social and behavioral determinants that may affect health outcomes in addition to barriers to health care for all service-connected veterans by minority and ethnic groups.

Draft Bill, Delivering Urgent Labor Access (DOULA) for Veterans Affairs Act of 2020

This draft bill would establish a pilot program within VA to provide pregnant and post-partum women veterans access to doula services in an effort to foster better child and maternal health outcomes.

Pregnancy, labor and delivery, and the early days of motherhood can be difficult in the best of circumstances, but for women veterans, they can be further complicated by physical and mental health conditions related to military service—this includes anxiety, depression, PTSD due to combat or military sexual trauma (MST), musculoskeletal problems and neurological issues. Additionally, having adequate social support during and after pregnancy is a critical factor in achieving optimal health

outcomes. Yet VA and independent studies point to lower levels of social support among women veterans,⁷ which can lead to worse physical and mental health.⁸

Doulas act as advocates before, during and after pregnancy, helping expectant and new mothers navigate their birth experience and empowering them to self-advocate for their care, which can be especially important in instances where health care needs are profound or where veterans do not have strong, established support networks.

This legislation would enhance support services for pregnant veterans by providing access to doula care within pilot facilities, which is vital as the demand for maternity care services continues to trend upward within VA. By establishing Doula Service Coordinators, this legislation would also help aid in the effort to coordinate care between VA and community providers. In addition, with a focus on health equity, the establishment of the pilot program would be important to addressing poorer maternal health outcomes among minority veteran groups.

DAV strongly supports H.R. 9016 in accordance with DAV Resolution No. 020, which calls upon our organization to support program enhancements and improvements including gender-specific services for women veterans.

Draft Bill, to clarify the role of doctors of podiatric medicine in the Department of Veterans Affairs

This draft bill aims to clarify the role of doctors of podiatric medicine in the VA and would amend title 38 USC to ensure that directors of the podiatric service are filled by doctors of podiatric medicine and that these professionals are included in the Veterans Health Administration (VHA) pay scales with doctors of medicine.

DAV has no resolution on the role of podiatrists in VHA, but understands the important role they play in ensuring the full continuum of health care services is available to serve the needs of service-disabled veterans and therefore has no objection to the favorable consideration of the provisions included in the draft bill.

Draft Bill, the Sgt. Ketchum Rural Veterans Mental Health Act of 2021

This draft bill would require VA to establish three new centers for the Rural Access Network for Growth Enhancement—or RANGE Program—and for Congress to appropriate \$1.2 million during fiscal years 2022-2024 for the new centers.

The RANGE program, modeled from VA's Mental Health Intensive Case Management (MHICM) program, provides an intensive level of services with an

⁷ Campbell, S.B., Gray, K.E., Hoerster, K.D. et al. Differences in functional and structural social support among female and male veterans and civilians. *Social Psychiatry Epidemiology* **56**, 375–386 (2021). <https://doi.org/10.1007/s00127-020-01862-4>

⁸ https://www.va.gov/HEALTHPOLICYPLANNING/SOE2019/2019_Enrollee_Data_Findings_Report-March_2020_508_Compliant.pdf

emphasis on recovery for rural veterans with serious mental illness who are experiencing homelessness or who are at risk of becoming homeless.

There is a strong evidentiary base indicating MHICM and other Assertive Community Treatment models are effective in reducing inpatient admissions, increasing patients' compliance with prescribed medication regimens, enhancing satisfaction with care and improving medical staff's ability to track patients over time. A comparative study of RANGE and MHICM indicates that rural veterans in the RANGE program had higher rates of overall satisfaction with VA mental health services, but slightly lower outcomes on quality of life and suicidality indices. The study also indicated that use of small specialized case management teams for managing rural veterans is both feasible and effective.⁹

The bill would also require GAO to conduct a study to determine whether the VA has enough resources to serve rural veterans who need mental health care. DAV strongly supports this draft bill under DAV Resolution No. 370, which urges support for enhancement of VA mental health resources and program improvements to support veterans' needs.

Madam Chair, again we thank you for inviting DAV to provide testimony on the bills under consideration and I am happy to address any questions you or members of the Subcommittee may have.

⁹ Mohamed S. Adaptation of intensive mental health intensive case management to rural communities in the Veterans Health Administration. *Psychiatry Q.* 2013 Mar; 84(1):103-14. doi: 10.1007/s11126-012-9231-5. PMID: 22729625.