Testimony of VetsFirst, a program of United Spinal Association Submitted by Ross A. Meglathery, MPA; Director of VetsFirst, before the Subcommittee on Economic Opportunity, Committee on Veterans' Affairs, United States House of Representatives Regarding the Effectiveness of VA's Vocational Rehabilitation and Employment Program

The ability to access quality and practical vocational rehabilitation training and services are of critical importance to provide veterans with disabilities the ability to learn or train to the skills necessary to fully reintegrate into society and the workforce. Not only is this important as a way to find meaningful employment where they might otherwise not be employable, this is essential as a way of repaying veterans for the sacrifices they have made in the service of the nation.

At VetsFirst, our priorities are based on three core principles for improving the lives of veterans with disabilities.

Core Principle—1: Community Integration and Independence VetsFirst supports policies that help veterans with disabilities reintegrate into their communities and achieve independence. Disabled veterans must have access to employment and educational opportunities that allow them to live meaningful and productive lives.

Core Principle—2: Timely Access to Quality VA Health Care and Benefits

Access to VA health care, compensation and pension benefits are the lifeline for many veterans with significant disabilities. Veterans who are unable to access these needed services and benefits due to delays or shortages of personnel will lack the foundation that will allow them to take advantage of opportunities in their communities.

Core Principle—3: Rights of Veterans with Disabilities

VetsFirst believes that discrimination against disabled veterans that produces barriers to housing, employment, transportation, health care, and other programs and services must be eliminated.

As you may clearly see, from our core principles, reintegration into society is what we at VetsFirst seek for our members. Veterans do not want a handout or a leg up on others. Rather, they want the benefits they have

earned in order to maintain their abilities to be productive members of society. As such, the Vocational Rehabilitation and Employment (VR&E) Program is of great importance to us.

The Vocational Rehabilitation and Employment (VR&E) Program is authorized by Congress under Title 38, Code of Federal Regulations, Chapter 31. Referred to as the Chapter 31 program, the VR&E program assists veterans with service-connected disabilities to prepare for, find and keep suitable jobs. For veterans with service-connected disabilities so severe that they cannot immediately consider work, VR&E offers services to improve their ability to live as independently as possible.

Chairman Wenstrup, Ranking Member Takano, and other distinguished members of the subcommittee, thank you for giving VetsFirst the opportunity to testify regarding its views on the effectiveness of the Department of Veterans Affairs' (VA) Vocational Rehabilitation and Employment (VR&E) Program.

VetsFirst, a program of United Spinal Association, has represented our disabled veterans, their families and their caretakers since 1946 when paralyzed World War II veterans came together to advocate for their rights. We advocate for the programs, services and disability rights that help all generations of veterans with disabilities remain independent and fulfill their desire to reintegrate with society at large. As such, this includes access to VA financial and health care benefits, housing, transportation and employment services and opportunities. Today, through our parent organization United Spinal Association, we are not only a VA-recognized national veterans service organization, but we are a leader in advocacy for all people with disabilities.

VA's VR&E services are critical to helping eligible servicemembers and veterans with service-connected disabilities receive the skills and training necessary to help them reintegrate into the workforce and their communities. The opportunity to participate in the workforce is critical, not only because of the inherent financial benefits of employment, but also because returning to work is a way to adjust to the normality of life in a veteran's post military years. Without the opportunity to continue participating in the workforce, many veterans with disabilities may become disconnected from society and be unable to continue to fulfill their place as contributing members to the very society that they have devoted their time and health.

While VR&E has received additional staffing in recent years and caseloads have decreased, VetsFirst continues to be concerned that the VR&E program still lacks the resources needed to best assist all disabled veterans in returning to employment.

Additionally, VetsFirst is concerned about VR&E's difficulty in overcoming certain disabilities that contribute to a veterans' inability to succeed in a vocational rehabilitation program. Veterans who are living with mental health conditions have poorer VR&E outcomes than those with other disabilities. This is of particular concern as this generation's veterans are experiencing mental health issues based on multiple deployments in over a decade of combat operations. Adding to the efforts to take away the stigma of mental health problems, veterans are more willing to seek help for mental health issues. However, there is a shortage of mental health professionals with experience in dealing with veterans' needs and VR&E vocational rehabilitation counselors must have the skills and training needed to facilitate job placement and disability-related accommodations.

Anecdotal evidence and research show that many veterans who have acquired disabilities do not believe that they will be able to easily explain the types of job accommodations that they might need due to their disabilities. Without proper information about how to navigate the workforce as a person with a disability, veterans living with mental health conditions and other significant issues may face barriers in achieving meaningful, significant and consistent employment.

Veterans with more serious disabilities may also routinely require a higher level of employment support both pre- and post-placement than is typically provided by VR&E. Otherwise, some veterans who are unable to remain in the workforce due to disability may be forced to apply for benefits like Individual Un-employability or Social Security Disability due to a lack of support.

VetsFirst would like to take this opportunity to highlight two issues of concern.

The eligibility to access VR&E benefits should not be limited to a seemingly arbitrary period of time.

Current State: Under the current VR&E requirements, to be eligible for VR&E benefits, it must be 12 years or fewer since either a servicemember's date of separation from active military service or when VA notified them of their qualified service-connected disability, whichever date is later.

Recommendation: Congress should do away with the 12-year requirement for eligibility of VR&E. The injury, either physical or mental will be with the veteran for their lifetime. While a mental or emotional injury may not immediately affect the veteran, it may acutely manifest itself in that individual at any time in the near or distant future.

On a personal note, being a combat wounded veteran it is my experience that it is often difficult for a veteran to come to terms with their emotions in the period after the trauma of war. In my own case, prior to fighting in Iraq I had a quick temper and a lack of patience. However, I think it likely that my lack of patience and temper were exacerbated by the stress of war. That said it took me a long time and a lot of reflection to come to that conclusion. That is why I think it necessary to re-evaluate the section of Vocational Rehabilitation that limits the time period of 12 years of eligibility. I am only one veteran and I have anecdotal experience that leads me to believe that I am not alone in having had to mature a little and begin to reflect before I was able to come to terms with the affects of war.

I had first seen combat as a 30 year-old man who seemingly should have been fully mature and self-aware. I cannot imagine what it would have been like to experience combat as an 18 year-old. Think about that. Someone who had seen war as an 18 year-old would be roughly about the age when I first saw combat. In that scenario, they would be generally at the end of their VR&E eligibility period. As I have said, 30 years was not enough life experience to know myself. For others, this may likely be the case as well.

Additionally, there is another factor that I believe is also a strong validation of why the 12-year eligibility period must be extended. The issue of which I speak is PTS and its requirement for treatment.

There have been great efforts by VA and DOD to remove the stigma for a servicemember asking for help. This has been critical, as suicide amongst military personnel and veterans has come to the forefront of this nation's consciousness.

However, it is only recently that the stigma has started to be chipped away at. For someone that had shown signs of PTS early in the wars in both Afghanistan and Iraq, it is already too late for them to use VR&E under the 12-year eligibility rule. While asking for help now may not be stigmatic, it is possible, and I would say likely that they would have felt stigmatized for seeking help and treatment as recently as a decade or even 5 years ago.

Caseload of VR&E staff

Current State: While there has been a reduction in the caseload of VR&E staff, VetsFirst believes that the caseloads in the current state are still too high and that VR&E resources are not sufficient to provide timely results. Not all injuries are created equally and those afflicted with spinal cord injuries (SCI/D), or Traumatic Brain Injury (TBI) are likely to require more individual time and attention. VetsFirst believes that in order to more effectively manage VR&E there are several options that should be exercised.

Recommendation: Congress must appropriate the proper funding level to support VR&E. It must also support efforts to hire sufficient staff. However, the answer to reducing the counselor to veteran ratio is not strictly a matter of increasing the VR&E budget and staff levels.

The goal of VR&E is employment. Therefore, it is important that the VR&E program exercise a holistic approach to getting veterans back to work. For veterans who require more support and services, VR&E should consider partnering with a variety of non-profit organizations that provide the intensive services needed to assist veterans living with significant disabilities, including mental health conditions, in returning to and remaining in the workforce. Additionally, VA needs to enhance its relationships with state and local government and industry writ large.

Proper funding, a reduction of caseload and building partnerships with other public sector and private sector entities is crucial for the success of both VR&E and the veteran. But it is the long-term success of the veteran that is the indicator of VR&E's effectiveness. VA must also track veterans' employment in the long term. VetsFirst believes that the veteran would greatly benefit if their employment were monitored for at least a year. By establishing a longer-term relationship with a counselor periodically

following up, the VA will be able to track the effectiveness of the program and hold employers accountable to their commitment to support VR&E.

VetsFirst would like to express its thanks for the opportunity to testify concerning its views on VA's VR&E Program. We appreciate your leadership on behalf of our nation's veterans who are living with disabilities. I will be happy to answer any questions.

<u>Information Required by Clause 2(g) of Rule XI of the House of Representatives</u>

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