

**Wounded Warrior Project**

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**WOUNDED WARRIOR PROJECT**  
**STATEMENT FOR THE RECORD**  
**SUBCOMMITTEE ON HEALTH**  
**HOUSE COMMITTEE ON VETERANS' AFFAIRS**

RE: Legislative hearing on H.R. 1506; H.R. 2322; H.R. 3832; H.R. 4334; H.R. 4635;  
a draft bill to authorize VA to conduct and support research on the efficacy and safety of medicinal cannabis;  
and, a draft bill to make certain improvements in the Family Caregiver Program

**APRIL 17, 2018**

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Chairman Wenstrup, Ranking Member Brownley, and distinguished members of the Subcommittee on Health – thank you for inviting Wounded Warrior Project (WWP) to provide this statement for the record for today’s legislative hearing on pending health legislation. More than 113,000 wounded warriors are registered to receive WWP’s free direct programs and services, and thus far in Fiscal Year 2018, WWP is registering an average of more than 1,200 new warriors per month.

Based on these figures and our own observations and experiences working with wounded warriors and their families around the country, we believe that the need for strong, sensible, and sustainable veteran-centric health care laws is great and growing. We are pleased to provide the following positions on legislation before the Subcommittee.

**H.R. \_\_\_\_: A draft bill to make certain improvements in the Family Caregiver Program**

As a crucial component of delivering on our mission to honor and empower wounded warriors, WWP has been proud to advocate for benefits for seriously injured post-9/11 veterans’ caregivers. In addition to organizing in support of enacting the *Caregivers and Veterans Omnibus Health Services Act of 2010*, WWP has worked closely with the Department of Veterans Affairs (VA) to ensure that the Program of Comprehensive Assistance for Family Caregivers (the Program) is carried out as effectively as possible.

Wounded Warrior Project believes the Program should be available to all generations with appropriate funding and without a reduction in benefits for post-9/11 warriors. While WWP’s mission focuses on family caregivers of veterans and service members who have been wounded, ill, or injured since September 11, 2001, we appreciate that the Subcommittee has acknowledged that all generations should receive the benefits that have been such a crucial resource for post-9/11 caregivers over the last seven years.

In this context, WWP does not support the current draft legislation because its proposed improvements do not outweigh the associated detriments to the current program. WWP supports the information technology provisions in Section 1; however Section 2 creates concerns that overshadow the desired goal of expanding the Program to all generations. Specifically, raising the threshold for eligibility based on activities of daily living would result in the ability to serve fewer veterans whose best clinical interest can and should be served by participating in the Program.

Section 2 also proposes to “transition” current program participants – whose current eligibility may not be sufficient for participation under new criteria – to the new program. While WWP has concerns about the VA’s ability to administer a bifurcated Program with different eligibility standards, WWP is strongly opposed to implementing a new, single program that holds potential to remove current, deserving beneficiaries to accommodate new participants.

Moreover, it has been approximately one year since VA froze Program revocations due, in part, to

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complaints from veterans who lost access to the Program even though their conditions had not improved<sup>1</sup>. Anecdotally, WWP has seen such revocations from veterans utilizing our Benefits Services program, and in our experience, successful appeals are extremely rare. By ordaining a transition process that could potentially remove thousands of veterans from the Program, this draft bill would amplify these issues even further. Removing current participants who have been clinically approved to participate and who maintain a severe level of disability is an unacceptable approach to realizing the greater community’s dream of bringing the Program within the reach of other veteran caregivers who are no more or less deserving of its critical resources.

In sum, WWP believes that those who cannot participate in the Program now (and all who could potentially participate in the future) should have access to the same benefits offered to those currently in the Program. Such an expansion can and should be achieved with careful management and appropriate funding, and without diminishing the quality of the Program for those currently-eligible or those who may become eligible in the future. As the current draft proposal does not meet these criteria, WWP respectfully opposes the current draft proposal. WWP also fully supports S. 2193 *Caring for our Veterans Act of 2017*, which offers full expansion of the Caregiver Program to all generations without diminishing the quality of the Program, and WWP will aggressively pursue its passage through the House and Senate.

**H.R.\_\_\_\_: A draft bill to authorize VA to conduct and support research on the efficacy and safety of medicinal cannabis**

Wounded Warrior Project’s mission to honor and empower wounded warriors drives us to foster the most successful, well-adjusted generation of injured veterans in our nation’s history. The warriors, caregivers, and family members we serve are at the center of every decision we make. Several emerging and alternative therapies have demonstrated some initial promising results for the management and treatment of the invisible wounds of war, including post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Lately, there has been much debate surrounding veterans’ rights to access medical cannabis as an alternative therapy.

At WWP, we believe that choosing a treatment method, whether alternative or empirically supported, is a personal decision that should be made between each warrior, his or her family, and his or her medical team. WWP encourages warriors to make informed decisions in pursuing the treatment options that are most relevant to their circumstances with the guidance of their health care providers. While WWP does not have an official stance on the use of medical cannabis, WWP is supportive of evidence-based and evidence-informed therapies, as well as complementary and alternative therapies that have been empirically demonstrated and validated through research to be successful in rehabilitation and recovery.

<sup>1</sup> Quil Lawrence, Some VAs are Dropping Veteran Caregivers from their Rolls, NPR (April 5, 2017) (available at <https://www.npr.org/2017/04/05/522690583/caregivers-for-veterans-dropped-from-va-plan>).

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For these reasons, Wounded Warrior Project supports research and investments with potential to expand the number of evidence-based and evidence-informed therapies available to treat both the visible and invisible wounds of war affecting post-9/11 veterans. As any research plan developed by VA to investigate potential uses of medical cannabis under this proposal would be subject to additional review by Congress, this proposal permits future oversight of potential concerns regarding employment constraints and other ramifications of those selected to participate. In this context, WWP is pleased to support this draft proposal.

**H.R. 1506: VA Health Care Provider Education Debt Relief Act of 2017**

Recent work to improve and consolidate VA’s community care programs has provided an opportunity for WWP and others in the veterans policy community to highlight a corresponding need to ensure that VA is given the tools and resources necessary to grow and strengthen as it struggles to meet the increased demand for services for our nation’s heroes. Of particular note, VA must be able to recruit, hire, and retain high-quality medical professionals.

WWP views the *Health Care Provider Education Debt Relief Act of 2017* as a way to attract quality personnel to the VA, and with the rise of education debt, an opportunity to give VA a competitive advantage to hire and retain those best qualified to deliver care to veterans. In its *Determination of VHA Occupational Staffing Shortages FY 2017* report, VA’s Office of Inspector General found that the largest critical need occupations were Medical Officers, Nurses, Psychologist, Physician Assistants, and Medical Technologists<sup>2</sup>. In the past four years, Medical Officers and Nurses have been the top two critical need occupations. Given the amount of cost it requires to obtain a degree in one of these two fields, H.R. 1506 would constitute an effective tool to attract these critically needed specialists to VHA. For these reasons, WWP is pleased to support the *Health Care Provider Education Debt Relief Act of 2017*.

**H.R. 2322: Injured and Amputee Veterans Bill of Rights**

While the past several years have seen increased focus on the mental health needs of post-9/11 veterans, WWP remains vigilant in addressing the needs of those with severe physical injuries. From January 1, 2001, through December 31, 2016, 1,710 service members sustained at least one conflict-related amputation (excluding fingers, thumbs, or toes)<sup>3</sup>. This group is just a small segment of a larger population. The total number of Veterans with amputations being seen at VA facilities increased 325 percent, from 25,000 in FY

<sup>2</sup> <https://www.va.gov/oig/pubs/VAOIG-17-00936-385.pdf>

<sup>3</sup> VA/DoD Clinical Practice Guidelines for Rehabilitation of Individuals with Lower Limb Amputation. The Rehabilitation of Individuals with Lower Amputation Working group; Version 2.0 – 2017; pg. 10.

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2000 to almost 90,000 in FY 2016<sup>4</sup>. These figures reflect the need to help ensure veterans with injuries and amputations have access to high quality prosthetic limb and orthotic care.

Although not all amputees elect to wear a prosthesis, the vast majority do. The ultimate goal for a prosthesis is to achieve the most function and mobility possible, leading to an active and fulfilling lifestyle. To achieve that goal, an amputee must work closely with a prosthetist who understands their unique needs, such as residual limb size, type of amputation, gender- and age-related issues, and activity levels.

The proposed *Injured and Amputee Veterans Bill of Rights* would affirm a commitment to ensuring these veterans have access to timely, high quality, and patient-centered care. WWP believes the nine-line Bill of Rights in Section 2(d) are all reasonable and non-controversial policy statements, including the right to have access to high-quality care, the most appropriate prosthesis and orthosis, the most appropriate technology, and the best-qualified practitioners, whether or not that practitioner is an employee of the VA. A requirement to prominently post these rights at each VA prosthetics and orthotics clinic, as well as on the VA website, would help ensure they are known and understood by both veterans and health practitioners.

Additionally, with the increasing number of amputees relying on the VA for prostheses, WWP supports the reporting requirements for the VA to establish transparency of allegations of mistreatment of injured and amputee veterans. The educational component of this legislation would ensure that VA employees who work at prosthetics and orthotics clinics or as a patient advocate for amputees, receive training on such Bill of Rights.

For these reasons, WWP is pleased to support the *Injured and Amputee Veterans Bill of Rights*.

**H.R. 4334: *Improving Oversight of Women Veterans’ Care Act of 2017***

**H.R. 4635: *To direct the Secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes***

Women comprise 8.7 percent of the veteran population and are the fastest-growing demographic in the military<sup>5</sup>. At WWP, nearly 16 percent of our registered alumni are women and as an organization dedicated to honoring and empowering wounded veterans and service members who have been injured in both mind and body since 9/11, we particularly aware of the growing contributions of women in our armed services – and the need for programs and services tailored to their needs.

The Department of Veterans Affairs has expanded its care options and outreach to women veterans, but there is still room for improvement. VA offers primary and specialty care to support women at every stage of

<sup>4</sup> *Id.* at 10.

<sup>5</sup> *Source:* National Center for Veterans Analysis and Statistics: Profile of Veterans: 2016: Data from the American Community Survey. 2016.

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their life – including women’s services such as family planning, infertility services, menstrual and menopausal management – but accessibility in a community-based settings is not fully captured and compliance with environment of care standards for women in VA-based settings is not fully monitored. The *Improving Oversight of Women Veterans’ Care Act of 2017* aims to correct these deficiencies, and women veterans stand to benefit.

One particular area where women veterans are finding satisfaction is peer support. In our experience, peer-to-peer support is critical to recovery for many warriors. According to the 2017 Wounded Warrior Project Survey, more than half of those surveyed, or 51.6 percent, used talking with another Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn veteran as a resource to address mental health issues. The only more frequently utilized resource was VA Medical Centers.

Within the context of female veterans, peer-to-peer support is a particularly important tool to break through seclusion and isolation. As the Subcommittee is aware, shifts in perception of military demographics are slow-moving, and many on either side of the civilian-military divide still think of members of the Armed Forces as male. Particularly when combined with injuries to mental health sustained in service, these preconceived notions can be harmful to reintegration and recovery. VA’s 2016 suicide data report found that the risk of suicide was 2.5 times higher among female veterans when compared with civilian adult females<sup>6</sup>. By connecting female veterans with one another, peer-to-peer assistance can empower female veterans to connect with each other and their communities. At WWP, we’ve increased our commitment to offering more all-female peer support groups and all-female alumni workshops based on demand and overall satisfaction.

Wounded Warrior Project is committed to improving health options and outcomes for women veterans as both a program provider and an advocate for those receiving care and services through VA. Both H.R. 4334 and H.R. 4635 are consistent with our commitment to achieving these goals, and WWP is pleased to provide its support for both proposals.

**H.R. 3832: *Veterans Opioid Abuse Prevention Act***

Wounded Warrior Project does not take a position on this bill at this time.

**CONCLUSION:**

Wounded Warrior Project thanks the Subcommittee on Health, its distinguished members, and all who have contributed to the policy discussions surrounding the bills under consideration at today’s hearing. We

<sup>6</sup> *Source:* Office of Suicide Prevention, Department of Veterans Affairs, *Suicide Among Veterans and Other Americans 2001-2014*, 4 (August 2016).

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share a sacred obligation to serve our nation's veterans, and WWP appreciates the Subcommittee's effort to identify and address the issues that challenge our ability to carry out that obligation as effectively as possible. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

Sincerely,

René C. Bardorf  
Senior Vice President of Government and Community Relations

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