

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
ON PENDING LEGISLATION
APRIL 15, 2021

Chairwoman Brownley, Ranking Member Bergman, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on pending legislation impacting the Department of Veterans Affairs (VA) that is before the Subcommittee. No group of veterans understand the full scope of benefits and care provided by VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). Several of these bills will help to ensure veterans receive much needed aid and support. PVA provides comment on the following bills included in today's hearing.

H.R. 234, the “Korean American VALOR Act”

PVA supports this bill which would give roughly 3,000 Korean veterans who are naturalized citizens of the United States access to VA health care. While they served under a different flag during the Vietnam War, they served with the same duty, honor, and valor as our United States service members. The Korean American VALOR Act bill simply extends to them the same recognition and benefits the country has given our U.S. European allies of World War I and World War II.

H.R. 344, the “Women Veterans Transitional Residence Utilizing Support and Treatment Act” or the “Women Veterans TRUST Act”

This legislation directs VA to conduct a nationwide analysis of the ability of existing programs to meet the need for women specific programs that treat and rehabilitate women veterans with drug and alcohol dependency. The legislation also requires the VA Secretary to carry out a five-year pilot program to treat and rehabilitate women veterans with drug and alcohol dependency.

PVA supports this bill. We hope that as VA conducts research and develops the pilot program, the Department will include a specific focus on ensuring the program incorporates the needs of women veterans with catastrophic disabilities, including those living with SCI/D. Even though individuals with SCI/D usually have regular and frequent contact with health care professionals, mental health conditions and substance use disorders (SUDs) tend to be under recognized and undertreated among veterans with SCI/D. SCI-related symptoms such as pain, as well as functioning, level of independence, community participation, quality of life, and mortality can all be adversely influenced by comorbid mental illness and SUD. SUDs are prevalent and associated with poor outcomes in individuals with SCI/D, with 14 percent of individuals with SCI/D reporting significant alcohol-related problems and 19.3 percent reporting heavy drinking.

Also, there are few places within VA or the community that can handle the mental health inpatient care needs of SCI/D veterans, due to the higher staffing needs and care concerns for those with bowel and bladder care requirements or ventilators. Shockingly, this means veterans with an SCI/D who are living with SUD are often left to detox at home or in a hospital versus a traditional SUD program. We ask that as VA works to discover better ways to treat women veterans with SUD, they incorporate clinical guidelines recently published by PVA in collaboration with the Consortium for Spinal Cord Medicine for clinicians to follow when treating veterans with SCI/D as well as ensuring there is accessible care available when inpatient care for SUD is needed.

H.R. 958, the “Protecting Moms Who Served Act”

This bill codifies the current maternity care coordination program at VA and directs the Secretary to provide community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to military service. Additionally, the legislation requires the Comptroller General of the United States to provide to Congress and make available to the public a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

PVA supports this legislation aimed at improving maternal mortality outcomes for women veterans. A recent research article found that among Post-9/11 women veterans, “Severe maternal morbidity affects a significant number of veteran women.”¹ The article noted, “VA is uniquely positioned to develop innovative comanagement strategies, especially in the area of perinatal mental health.”² According to VA, since 2000, there has been a 14-fold increase in VA-funded deliveries. Twenty percent of women veterans have been diagnosed with posttraumatic stress disorder (PTSD) which can lead to pregnancy complications such as a preterm birth, gestational diabetes, and preeclampsia.³ There are also combat-related injuries that can impact fertility such as genital and pelvic trauma, and spinal cord injuries.⁴

There is, however, little research on the maternal mortality outcomes of women veterans with SCI/D. A study on women with spinal cord injury found increased adjusted risks of prenatal urinary tract infection/pyelonephritis, venous thromboembolism, preterm rupture of membranes, and cesarean delivery. These women also had longer hospitalizations; increased rehospitalization, including for postpartum depression; and their infants were

¹ Combellick, J. L., Bastian, L. A., Altemus, M., Womack, J. A., Brandt, C. A., Smith, A., & Haskell, S. G. (2020). Severe Maternal Morbidity Among a Cohort of Post-9/11 Women Veterans. *Journal of women's health (2002)*, 29(4), 577–584. <https://doi.org/10.1089/jwh.2019.7948>

² *ibid*

³ Veterans affairs. (2019, November 21). Retrieved April 11, 2021, from https://www.va.gov/HEALTHY/Women_Veterans_and_Pregnancy_Complications.asp

⁴ Ginny L. Ryan, Investigator-Initiated Research 13-294 — Human Services Research & Development Study: Impact of Sexual Assault and Combat-Related Trauma on Fertility in Veterans, U.S. DEP'T OF VETERANS AFFAIRS (last visited June 14, 2019), https://www.hsrd.research.va.gov/research/abstracts.cfm?Project_ID=2141704065.

often small for gestational age.⁵ PVA asks that, when possible, research, best practices, and information gathered include information on SCI/D.

H.R. 1448, the “PAWS for Veterans Therapy Act”

This legislation would require VA to establish a pilot program to provide grants to 501(c)(3) organizations to test the effectiveness of addressing veterans’ post-deployment mental health and PTSD symptoms through training service dogs. Eligible organizations must provide service dogs to veterans with PTSD and be accredited by an accrediting organization or adhere to the standards of an accrediting organization and have expertise in training service dogs and the use of service dogs. Grant recipients would also need to meet several requirements, some of which include covering all costs incurred in excess of the grant amount; agreeing to reaccept or replace the service dog, if necessary; providing a wellness certification for each dog; employing at least one person with clinical mental health experience; and ensuring that veterans participating in the program receive training from certified service dog training instructors. Organizations must also agree to allow participating veterans to keep the dog unless the veteran and the veteran’s health provider decide it is not in the best interest of the veteran. VA will have no additional responsibility to provide for any service dog benefits and will have no liability with respect to the dog. The bill also requires a congressional briefing and report by the Comptroller General of the United States.

PVA knows that service animals provide tremendous, multi-faceted benefits for many people with disabilities. Service animals promote independence and help to break down barriers between people with disabilities and society. Many PVA members have personally experienced these benefits, and some have trained their own service animals.

Although we support allowing VA to explore new therapies for veterans with PTSD to include training of service dogs, we are concerned about the pilot program’s focus on providing these veterans with service dogs in addition to any benefits associated with training them. VA does not provide guide dogs or service dogs for veterans. Instead, organizations provide these animals and VA bears no direct cost. This bill would have VA provide grant funding for not only training opportunities but also for service dogs only for veterans with PTSD, excluding veterans with other mental health conditions and physical disabilities who could also benefit from having a service dog. We are also concerned that organizations eligible for the funds would not have to be accredited by Assistance Dogs International or the International Guide Dog Federation. Under Section 17.148 of Title 38 of the Code of Federal Regulations, VA will only provide veterinary health insurance and other ancillary benefits for guide dogs and service dogs used by veterans with physical disabilities who have dogs from organizations accredited by these organizations.

A will also provide health insurance and other ancillary benefits for veterans using a service dog to assist with a mental health mobility disability. Although it already has the statutory authority (Section 1714 of Title 38 of the United States Code) to do so, VA has elected not to provide these benefits for other veterans with mental health disabilities.

⁵ Crane, D. A., Doody, D. R., Schiff, M. A., & Mueller, B. A. (2019). Pregnancy Outcomes in Women with Spinal Cord Injuries: A Population-Based Study. *PM & R : the journal of injury, function, and rehabilitation*, 11(8), 795–806. <https://doi.org/10.1002/pmrj.12122>

Instead, VA has awaited additional evidence, including the completion of its study, on the efficacy of using service dogs to mitigate the effects of PTSD. Recently, VA completed this study. We believe that VA should expeditiously determine the next steps for deciding whether to provide veterinary health insurance and other ancillary benefits for service dogs to assist with mental illnesses, including PTSD. Specifically, we hope VA will amend its regulations to provide benefits for these dogs on par with guide dogs and other service dogs.

Discussion Draft, the “Sgt. Ketchum Rural Veterans Mental Health Act of 2021”

Studies show veterans who live in rural areas may be at even greater risk for suicide than their urban counterparts.⁶ Therefore, it is important to regularly assess the availability of mental health care in these areas. PVA supports this draft bill which could improve access to VA mental health care in rural areas by establishing three more locations for the Department’s Rural Access Network for Growth Enhancement (RANGE) program. Most important, it directs the Comptroller General to assess whether VA has the proper resources to serve rural veterans who need mental health care and determine if the Department’s programs like RANGE are sufficient to meet the current needs of veterans.

Discussion Draft, the “Providing Benefits Information in Spanish and Tagalog for Veterans and Families Act”

VA provides services directly to veterans, survivors, and other customers; so, clarity in any communications is critical. This draft legislation requires VA to make all its fact sheets available in English, Spanish, Tagalog, and other commonly spoken languages to improve the Department’s communications about benefits and services. It also requires VA to establish a publicly available website that provides links to all VA fact sheets. Finally, VA must report to Congress regarding the utilization of such fact sheets as well as the details of the Language Access Plan of the VA. PVA generally supports this measure as we have members who would benefit from having VA resources available in other languages.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on some of the legislation being considered today. We look forward to working with the Subcommittee on this legislation and would be happy to take any questions for the record.

⁶ [Suicide Prevention in Rural Veterans During High-risk Care Transition Scenarios - Full Text View - ClinicalTrials.gov](#)

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2021

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$455,700.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.