

STATEMENT OF
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VETERANS OF FOREIGN WARS OF THE UNITED STATES

FOR THE RECORD

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

“PTSD Claims: Assessing Whether VBA is Effectively Serving Veterans”

WASHINGTON, DC

JULY 25, 2017

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to offer our perspective on whether or not the Department of Veterans Affairs' (VA) Veterans Benefits Administration (VBA) is effectively processing claims for Post-Traumatic Stress Disorder (PTSD).

War is as old as civilization itself, as are the stories describing the mental wounds incurred by men and women who fought in those wars. Not only do these wounds take a toll on those who served in one form or another, they impact those who are the closest to them – their friends and families.

It goes without saying that combat changes you. Everyone is affected to some degree, whether they realize it or not. While some who serve in combat are able to return home and cope with their experiences with little to no assistance, there are a large number who cannot, and truly need access to assistance as soon as possible. With that said, it is important to understand that not all people or experiences are the same, and as such, we need an emphasis on approaches to treatment that are tailored for an individual's needs and what will work best for him or her.

VA is the largest integrated health care system in the United States with specialized treatment for PTSD. The number of veterans seeking treatment at VA for PTSD has continued to increase as more veterans from the wars in Iraq and Afghanistan leave the military and transition to civilian life, and it is expected that these numbers will continue to grow.

With 14 of the 20 veterans who die by suicide every day not seeking care at VA, the VFW believes VA must see to it that every one of these brave men and women has access the services they need to overcome these difficulties, easing the transition into civilian life and becoming as whole as possible. Sixty-five percent of veterans who die from suicide are 50 years old or older. No veteran should suffer untreated for what happened to him or her while serving this nation.

Claims Processing –

Over the past seven years, VA has undergone sweeping reforms meant to ensure veterans from every generation have access to the best services and resources available to identify, diagnose, and treat PTSD for those who were deployed to combat environments. While these reforms were instrumental in providing help to veterans who present with uncomplicated cases, there are still numerous shortfalls for those who have other conditions as a result of their service, such as Traumatic Brain Injuries (TBI), which often exacerbate PTSD symptoms; and PTSD as a result of Military Sexual Trauma (MST).

According to DOD's Defense and Veterans Brain Injury Center, more than 330,000 service members have been diagnosed with TBI between 2000 and 2015. VA has made significant progress in diagnosing and treating TBI related conditions since the start of the wars in Iraq and Afghanistan. VA reports nearly 80,000 veterans were treated by its integrated Polytrauma System of Care in 2015, and estimates a more than 30-percent increase in demand within two years. VA must continue to expand its services to ensure veterans who suffer from conditions associated with TBI are identified as soon as possible, and afforded the specialized care they need.

With regards to MST, the VFW has testified before this committee numerous time in the past that MST claims have not been properly adjudicated. Despite VA relaxing the burden of proof for service members filing a claim for MST almost 15 years ago, there has been little done in the way of ensuring that those claims have been standardized across the administration.

Furthermore, while there are now special considerations and relaxed standards regarding the burden of proof needed to substantiate sexual assault resulting in PTSD, there are still unique barriers or challenges. Female veterans of OEF/OIF are experiencing conflict and situations at a pace that no other previous generation of women veterans have faced.

Examinations –

The VFW supports timely and accurately performed exams. VA must provide quality, mandatory training to contract examiners, Ratings Veterans Service Representatives (RVSR), and Veterans Service Representatives (VSR) in order to accurately rate these claims and Congress should continue to exercise its oversight authority in VA reporting completion of prescribed training.

VA uses third party examinations in order to speed up the process for an initial claim, or an appeal, to ensure veterans receive timely decisions. While we feel as though contracted exams are a good stop gap for VA given the current circumstances, it should be noted that there is much

to be desired regarding third party examinations and we would go so far as to caution against the full outsourcing of C&P exams.

Like a regular VA facilities, contractors must utilize a standardized Disability Benefits Questionnaire (DBQ) for claims; however, there is little consistency from site to site with regards to the quality of the examination and final disposition. Examples of this can be seen in everything ranging from the type and nature of questions that are being asked during the interview, to the amount of time that is spent talking to veterans about the severity of their diagnoses.

In light of this, if VA were able to ensure consistency in how it conducts contracted C&P examinations, we feel as though this could exponentially speed up the process in which claims are adjudicated.

Mental health examinations are increasing every day, and VA insisting on patients seeing only VA doctors for these examinations is increasing the burden on its compensation and pension examinations system. Yet, VA does not enable veterans to seek initial C&P exams from contracted C&P examiners. Mental health examinations for initial and supplemental claims must be added to the type of services offered by contracted C&P examiners.

While VA accepts private medical evidence for veterans who are applying for disability compensation for physical disabilities, it does not accept private medical evidence for mental health claims. The VFW urges VA to expand the use of private medical evidence to include mental health claims.

Veterans should not have to see a VA doctor in order to validate their private sector doctors' findings. Requiring redundant examinations only adds to more confusion and clogs up the system. VA should accept evidence from competent, credible physicians and not force veterans to seek a second opinion from a VA physician. The VFW urges Congress to make VA's private medical evidence authority permanent.

It is because of this that the VFW also supports the use of private medical evidence to review and adjudicate claims, as it significantly expedites the timeline for veterans with complex co-morbidities.

Conclusion –

Overall, the biggest complaint comes from inconsistencies within the system as a whole. The VFW has long sought to ensure that the men and women who have served our country honorably receive the care and benefits they have earned. While we recognize that VA has taken significant steps in the past seven years towards fulfilling this goal, more must be done to standardize the processes among all who are responsible for conducting C&P exams and, more importantly, with those responsible for adjudicating claims across all VA regional offices.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2017, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.