LEGISLATIVE HEARING ON H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, AND DRAFT DISCUSSIONS ON HOMELESSNESS, GRADUATE PSYCHOLOGY EDUCATION, AND PSYCHIATRIC SERVICE DOGS

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

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THURSDAY, OCTOBER 1, 2009

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HEALTH,
Washington, DC.

The Subcommittee met, pursuant to notice, at 10:06 a.m., in Room 334, Cannon House Office Building, Hon. Michael H. Michaud [Chairman of the Subcommittee] presiding.

Present: Representatives Michaud, Teague, Rodriguez, Donnelly, Nye, Brown of South Carolina, Boozman, and Bilirakis.

OPENING STATEMENT OF CHAIRMAN MICHAUD

Mr. MICHAUD. I would like to call the hearing to order. I know Congressman Hare has another meeting he has got to run off to, so I appreciate you being here. And I want to thank everyone for coming today.

Today's legislative hearing is an opportunity for Members of Congress, the veterans, the U.S. Department of Veterans Affairs (VA), and other interested party to provide their views and discuss recently introduced legislation within the Subcommittee's jurisdiction. I don't necessarily agree or disagree with any of the bills before us today, but I believe it is an important part of the legislative process to hear the testimony of individuals who submitted legislation or draft concepts.

We have 13 individual bills or drafts for us today, so I would like to start now, and I would ask unanimous consent that my full statement be submitted into the record. Hearing none, so ordered.

Does Representative Rodriguez have an opening statement? If not then I would like to begin the hearing starting off with Congressman Phil Hare's piece of legislation before us, H.R. 2559, to direct the Secretary of the VA to carry out a national media campaign directed at the homeless veterans and veterans at risk for becoming homeless veterans. So without any further ado, Mr. Hare.

[The prepared statement of Chairman Michaud appears on p. 26.]

STATEMENTS OF HON. PHIL HARE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS, HON. STEPHANIE HERSETH SANDLIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF SOUTH DAKOTA; HON. MICHAEL A. ARCURI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK; AND HON. BOB FILNER, CHAIRMAN, COMMITTEE ON VETERANS' AFFAIRS, AND A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

STATEMENT OF HON. PHIL HARE

Mr. HARE. Thank you, Mr. Chairman, and let me thank the Ranking Member and the members of staff of the House Veterans' Affairs Subcommittee on Health for inviting me to testify this morning. As a former Member of this Subcommittee it is always a pleasure to be in this room among friends who are so dedicated to the welfare of our Nation's heroes.

And if I may, Mr. Chairman, as just a side note, the veterans of this Nation are very, very fortunate to have you Chair the Subcommittee on Health. I can't think of a person who fights harder for the health of our veterans than you, and I appreciate your work.

I come before you today to present testimony on legislation that I have introduced, H.R. 2559, the "Help Our Homeless Veterans Act." This bill directs the Secretary of the Department of Veterans Affairs to carry out a national media campaign directed at homeless veterans and veterans who are at risk of becoming homeless to help in this growing problem. The number of homeless veterans is rising and must be addressed in our Nation's homeless population. In fact, they make up about one-third of our Nation's homelessness. On any given night this year, 131,000 veterans are sleeping on our streets. This year alone, 300,000 veterans will experience homelessness. Vietnam Veterans represent the largest segment of the homeless veterans population.

Now, at a time with the highest unemployment rate in 26 years, with more and more servicemembers returning home from the conflicts in Iraq and Afghanistan, the number of veterans who are unable to make ends meet and face the prospect of homelessness is growing. The VA estimates that it is already providing services to 916 veterans from the conflicts in Iraq and Afghanistan. Additionally, the VA has identified over 2,986 veterans that are at risk of becoming homeless.

Additionally, there has been an alarming increase in the number of female homeless veterans. The VA estimates that 10 percent of all homeless veterans are now women. This means that about 740 female veterans from the Iraq and Afghanistan conflicts are homeless, or have been identified at risk of becoming homeless. These numbers are simply unacceptable.

Addressing the National Coalition for Homeless Veterans National Conference, Secretary Shinseki said, "We have a moral duty to prevent and eliminate homelessness among veterans." I could not agree more and I applaud the Secretary for his commitment to end veterans' homelessness in the next 5 years.

In order to meet this goal, I strongly believe that the VA must immediately begin conducting media outreach to connect homeless

veterans to available programs, services, and benefits. That is why I introduced the "Help Our Homeless Veterans Act."

This bill will mandate that the Secretary dedicate funding to establish a national media outreach campaign on homelessness. This campaign will be designed to educate veterans about where they can turn if they are homeless or at risk of becoming homeless.

Mr. Chairman, since the VA's internal ban on paid public advertising has been lifted, the VA has carried out one media campaign about the availability of an emotional crisis hotline, which I understand has been remarkably successful in preventing suicide among Nation's veterans. Thus, I believe that using the media to educate veterans about available services has proven to be effective, and I believe we can use it as a tool to reach out to those who are at risk of becoming homeless, as well as those who have already found themselves on the streets.

Ultimately, it is my hope that with the increased awareness and information about VA homelessness prevention and homeless services among veterans themselves, advocacy groups, families and the public, we can prevent veterans from becoming homeless, and inform those who are homeless about services that are available to them.

We owe a tremendous debt to those who have served our country in uniform, and it is time that we show these heroes the appropriate respect. With the enactment of the "Help Our Homeless Veterans Act," I believe that we can make a strident effort in ending homelessness among our Nation's veterans.

Mr. Chairman and Members of the Committee, I thank you again for this opportunity to testify, and will be happy to answer any questions that you may have.

Thank you again, Mr. Chairman.

[The prepared statement of Congressman Hare appears on p. 27.]

Mr. MICHAUD. Thank you, Mr. Hare, and thanks again for all your advocacy for our veterans. You definitely have been a true leader in the veterans arena taking up the mantel of the former Ranking Member, Lane Evans, of this Committee, so I really appreciate your willingness to continue to fight for our veterans.

And I know you have another Committee you got to go to, so I will ask if there are any questions of the Subcommittee of Mr. Hare. Hearing none, thank you very much Mr. Hare for coming.

Mr. HARE. Thank you, Mr. Chairman.

Mr. MICHAUD. I appreciate it. Next I would like to recognize the Chairwoman of the Economic Opportunity Subcommittee of Veterans' Affairs who also has been a very strong advocate of veteran issues, especially women's veteran issues, and look forward to hearing your testimony on H.R. 1036. Ms. Herseth Sandlin?

STATEMENT OF HON. STEPHANIE HERSETH SANDLIN

Ms. HERSETH SANDLIN. Well good morning, Mr. Chairman, I thank you for holding today's hearing. Good morning to the other Members of the Subcommittee. I appreciate having the opportunity to be here to discuss H.R. 1036, the "Veterans Physical Therapy Services Improvement Act."

At the outset, I would also like to thank the American Physical Therapy Association for their continued leadership on this issue

and their support of this important legislation. And, I would also like to thank the Iraq and Afghanistan Veterans Association for their endorsement of this bill.

The "Veterans Physical Therapy Services Improvement Act," which I introduced on February 12th, 2009, along with the original co-sponsor support of Health Subcommittee Chairman Mr. Michaud, and full Veterans' Affairs Committee Chairman Mr. Filner, will take important steps to expand and improve Department of Veterans Affairs health care services by improving the ability of veterans to access physical therapy services throughout the VA.

As your Subcommittee knows, the VA is presented today with a unique and challenging patient population. There are large numbers of aging veterans, as well as men and women returning from Iraq and Afghanistan with complex impairments. Both of these groups require a full range of physical therapy services that can keep pace with modern advancements and techniques in the field.

I would like to share just a few statistics with you that highlight the need for enhancing physical therapy services and administration at the VA.

Currently, over 1,000 physical therapists are employed by the Veterans Health Administration (VHA) providing care to our Nation's veterans. These physical therapists practice across the continuum of care from primary care settings and wellness programs to disease prevention and post-trauma rehabilitation, and play critical roles in a veteran's care team.

Approximately 9.2 million veterans are age 65 or older, which is currently 38 percent of veterans, and by 2033, older veterans will represent 45 percent of the total veterans population. For these older veterans, physical therapists are integral in fall prevention and Type 2 diabetes prevention strategies.

Over 33,000 servicemembers have been wounded in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Many of these brave men and women have multiple serious injuries, such as amputations and traumatic brain injury (TBI) that require complex rehabilitation provided by physical therapists.

Competition is high for physical therapy graduates. The Department of Labor (DOL) recognizes two health care occupations, nurses and physical therapists, that are experiencing a significant shortage under its labor shortage determination authority. The DOL also projects an increasing need for physical therapists and physical therapist job growth of more than 25 percent over the next decade.

Given the shortage of physical therapists and the increased demand for these services, it is clear that the VA needs to be competitive in the current marketplace to recruit and retain an adequate number of physical therapists to provide services to our Nation's veterans.

This legislation works to solve this challenge through a number of initiatives.

First, the legislation creates the position of Director of Physical Therapy Services at the Veterans Health Administration. This position would report directly to the Undersecretary for Health. Currently, physical therapists at the VA do not have a seat at the Director-level table. Having a voice at this level will help ensure that

as the profession of physical therapy advances, the VA keeps its requirements up to date with regard to educational requirements, qualifications, clinical privileges, and scope of practice.

The legislation also creates the Department of Veterans Affairs Geriatric, Amputee, Polytrauma, and Rehabilitation Research Fellowships Program to assist in the recruitment and retention of qualified physical therapists.

With strong competition in the marketplace for the services of experienced and qualified physical therapists, the VA needs to be aggressive in recruiting and retaining physical therapists. This fellowship will allow the VA to be more competitive in recruiting and retaining physical therapists that specialize in crucial areas of need such as amputee rehabilitation and polytrauma care.

This legislation also includes requirements that the VA update its degree and license requirements for the appointment of individuals to the physical therapist position. I am pleased that the VA already has taken some steps to improve its physical therapy policies. The VA has recently approved new regulations that allow VA facilities to use special salary rates, recruitment bonuses, retention allowances, and other pay flexibilities to enhance recruitment and retention of physical therapists based on the local labor market. My legislation would help codify these standards.

In closing, Mr. Chairman, this legislation will help ensure that veterans have access to the full range of physical therapy services they need and deserve.

I thank you again for inviting me to testify. I look forward to answering any questions you or other Members of the Subcommittee may have.

[The prepared statement of Congresswoman Herseth Sandlin appears on p. 28.]

Mr. MICHAUD. Thank you very much, Ms. Herseth Sandlin for your thoughtful legislation before us today. Are there any questions from the Committee?

Mr. BOOZMAN. I also would echo that. I thank you—again, you bring forth something that we really do need to look at, and we appreciate your hard work.

Mr. MICHAUD. Are there any other questions? If not, thank you very much for your testimony this morning.

Next I would like to recognize Mr. Arcuri from New York, who has also been very active in looking after our veterans. He will present to us today H.R. 3441, a bill to provide for automatic enrollment of veterans returning from combat zones into the VA medical system and for other purposes. Mr. Arcuri?

STATEMENT OF HON. MICHAEL ARCURI

Mr. ARCURI. Thank you, Mr. Chairman, Ranking Member, and Members of the VA Subcommittee on Health. I first wish to thank you for scheduling this legislative hearing today and inviting me to speak on H.R. 3441.

This legislation would automatically enroll veterans who are already eligible for free VA health care into the VA system while providing a chance to opt-out of the system both at the time of separation from the Armed Services and 6 months following.

My bill references the statute passed in fiscal year 2008, National Defense Authorization Act. As you know, this law extends the eligibility period for free VA medical care from 2 to 5 years for veterans who served in a combat theater of operations after November 11th, 1998. It applies to active duty, National Guard, Reserve, and servicemen returning from Operation Enduring Freedom and Operation Iraqi Freedom for conditions that may be related to their combat service. Following this initial 5-year period, these veterans may continue their enrollment in the VA health care system, but they may be subject to applicable copayments for non-service-connected conditions.

My legislation takes this same group eligible for free health care under Fiscal Year 2008 Act and instructs the Department of Defense (DoD), in conjunction with the VA, to automatically enroll these veterans in VA health care, should these veterans so choose.

This bill does not create new classes of veterans eligible for free VA health care, but simply changes the process by which these veterans would become part of the system upon separation from the DoD.

Importantly, this bill includes an opt-out provision at the time of separation and again at 6 months after separation to preserve the veteran's right to choose his or her own health care.

This bill would also issue a standard VA veterans' identification card to an auto-enrolled veteran, and provide a listing of VA medical facilities within 100 miles of the veteran. It would also require the VA to attach a description of Federal veterans benefits and programs, such as educational benefits, job training, and placement programs, for which the veteran may be eligible.

The reason we are proposing this legislation is to make sure that acceptance into the VA is as simple and effortless as possible for the tens of thousands who will likely seek access in the coming months.

Most of us here recognize the VA's efforts to track down veterans weeks and even months after their return, yet unfortunately, we still have a system that doesn't sufficiently reach all soldiers. It places responsibility fully on a soldier who has just returned from war and must step back into his or her normal life. Dealing with this single experience is difficult enough, we shouldn't place another burden on our veterans by requiring them to actively pursue the care they may want or need.

The opportunity to improve our present VA enrollment system is reflected by the sheer demand of returning servicemembers who are accessing the system at record rates. The VHA Office of Public Health reported this January that between fiscal year 2002 and the last quarter of fiscal year 2008, 42 percent of the roughly 950,000 separated veterans have sought VA health care. The report also predicts that the percentage of veterans receiving health care from the VA, as well as the percentage given any type of diagnosis, will tend to increase over time as these veterans continue to enroll in VA health care and develop new health problems.

Clearly the demand for VA care will only continue to grow in the coming years. Unfortunately, these higher enrollment numbers also indicate a trend toward more cases of joint and back disorders, mental disorders, and what the VA characterizes as symptoms,

signs, and ill-defined conditions. These three categories are what the VA has determined the most common health problems of war veterans, and represent our collective responsibility to improve our delivery of good, efficient care to all those who risked everything for this country.

Let me first say that I acknowledge the outreach efforts that the VA has performed during this time. An extensive outreach effort has been developed to inform veterans of their benefits, including the mailing of a personal letter from the VA Secretary to war veterans identified by the DoD when they separate from active duty and become eligible for VA benefits. These efforts have undoubtedly contributed to the higher VA enrollment rates. Yet while the VA attempts to reach out to returning soldiers and educate them about available resources, it is still presently incumbent upon the veteran to initiate and complete the application and registration process with the VA, and we know that some veterans fall through the cracks.

In many cases, a soldier's primary focus during his or her last few weeks of deployment is simply getting back home, not spending more time away from loved ones by studying the VA application process, filling out paperwork, and undergoing evaluation. These servicemembers often forego necessary screening or care leading to the critical situations weeks or months later when the symptoms begin to manifest or intensify.

I commend the VA for its commitments and its efforts to reach each veteran; however, I see a chance to change the system so that veteran care can no longer centrally involve tracking down those we have missed, and no longer leaves many veterans finding themselves months or even years later without proper treatment.

By implementing the auto-enrollment and accepting returning soldiers at the outset, this bill would allow the VA to shift time and resources away from tracking the follow up, and instead focus on delivering health care right away.

I thank you again for holding this hearing on my legislation to provide auto-enrollment for veterans returning from combat zones. This bill is endorsed by the American Legion and the Iraq and Afghanistan Veterans of America.

I look forward to working together to honor and protect our veterans, and I would be happy to answer any questions you may have on this bill.

[The prepared statement of Congressman Arcuri appears on p. 29.]

Mr. MICHAUD. Thank you very much, Mr. Arcuri for your testimony and for submitting this legislation before us today. Are there any questions? Mr. Boozman?

Mr. BOOZMAN. No, I also would like to echo that, and we appreciate you coming forward and we appreciate your testimony.

Mr. ARCURI. Thank you, sir.

Mr. MICHAUD. If there are no other questions, thank you very much, Mr. Arcuri.

Mr. ARCURI. Thank you, Mr. Chairman.

Mr. MICHAUD. I am pleased to recognize the Chairman of the full Veterans' Affairs Committee, one who has definitely been a vocal supporter of veterans' issues and is not bashful in giving his

thoughts on how we should improve health care for our veterans, Mr. Filner, who is presenting H.R. 1017.

Mr. BOOZMAN. Mr. Chairman, I do reserve the right to question Chairman Filner.

STATEMENT OF HON. BOB FILNER

Mr. FILNER. I do reserve the right to throw Mr. Boozman off the Committee. Thank you, Mr. Chairman, and I thank you and Mr. Boozman for their leadership on these issues. I think in the last 3 years, this Subcommittee and the membership that is so active has been probably the most productive Subcommittee of the most productive Committee in the Congress, and it is your leadership, your jointness, your bipartisan approach I think has helped us all, and we appreciate your efforts and all the Members of the Committee.

I am here to talk about H.R. 1017, the "Chiropractic Care Available To All Veterans Act." Many of you know that musculoskeletal conditions are the number one reason that returning veterans from Iraq and Afghanistan seek care at the Department of Veterans Affairs. The current statute however is such that each Veteran Integrated Service Network or each VISN director is only responsible for ensuring that a minimum of one VA medical center provides on-station chiropractic care. We all know that an individual VISN often encompasses multiple States, and so it is fair to say that on-site chiropractic care is not readily accessible to all of our veterans.

I introduced H.R. 1470 and H.R. 1471 last Congress, which would have expanded on-site chiropractic care and services to veterans at the VA medical centers. It would have included chiropractic services and counseling, as well as periodic and preventive chiropractic exams and services amongst the medical, rehabilitative, and preventive health services available for our veterans.

We passed H.R. 1470 in 2007, but H.R. 1471 did not see further action after it was referred to the Subcommittee.

So what I have done is introduced H.R. 1017, the "Chiropractic Care Available To All Veterans Act," which merges the provisions of H.R. 1470 and H.R. 1471 from the last Congress. It simply updates the time frame for expansion of on-site chiropractic care to all VA medical centers. It removes a provision from H.R. 1471, which would have established chiropractic practitioners on the same level as VA medical doctors in the direct provision of primary care services. That decision was based on the helpful feedback I received from the VSO community and the American Chiropractic Association.

So I think that we have taken care of one of the major concerns of the bill last year, as someone who has personally experienced the positive results of chiropractic care and both its cost effectiveness of chiropractic care and the feedback from patients, including veterans that shows the high level of satisfaction with this care. I think we need to provide this to all of our veterans, and that is what H.R. 1017 does.

I will reserve the right to throw bombs at Mr. Boozman.

[The prepared statement of Congressman Filner appears on p. 31.]

Mr. MICHAUD. Thank you very much, Mr. Chairman for your testimony, and I will ask Mr. Boozman if he dares have any questions for the Chairman.

Mr. BOOZMAN. Since your testimony was brief we will let you—no, I appreciate——

Mr. FILNER. Did you say brief or brilliant?

Mr. MICHAUD. Brilliantly brief.

Mr. BOOZMAN. But I do appreciate your leadership in so many ways. Not only in that area, but with many other things regarding veterans, so we appreciate you being here.

Mr. FILNER. Just for the record so that nobody thinks that this is real. In one survey I answered I chose Mr. Boozman as my favorite Republican. So he has since suffered in his caucus as a result, but——

Mr. BOOZMAN. No, we do appreciate you.

Mr. FILNER [continuing]. He certainly appreciates the—we appreciate your working with all of us in so many ways and your ability to bring us all together, Mr. Boozman. Thank you so much.

Mr. BOOZMAN. Thank you very much.

Mr. MICHAUD. Are there any other questions or comments? If not, thank you very much, Mr. Chairman for coming forward today.

On the second panel we actually have three of the four Members who are on this Subcommittee, so if they want to give their testimony from here that is fine, and I will recognize them in order of their attendance.

The first one is Mr. Rodriguez who presents us with H.R. 2735, an bill to amend title 38, the United States Code to make certain improvements to the Comprehensive Service Programs for homeless veterans. Mr. Rodriguez?

STATEMENTS OF HON. CIRO D. RODRIGUEZ, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS; HON. GLENN NYE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF VIRGINIA; AND HON. HARRY TEAGUE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW MEXICO

STATEMENT OF HON. CIRO D. RODRIGUEZ

Mr. RODRIGUEZ. Mr. Chairman, thank you very much for allowing me to speak today on H.R. 2735, which will improve our Homeless Veterans Grant and Per Diem Program.

The purpose of the Grant and Per Diem Program is to encourage community agencies to develop and provide supportive housing as well as supportive services to our homeless veterans.

The program is administered by the Veterans Administration Health Care for Homeless Veterans Program, which funds community agencies to provide transitional housing, as well as health services, personal counseling, and other supportive services to homeless veterans.

Eligible grantees are those who operate programs with supportive housing for up to 24 months, or veteran service centers also that offer services such as case management, education, crisis intervention, counseling, and services targeted toward specialized populations such as women veterans.

This bill improves the Grant and Per Diem Program in three ways.

First, it would create a separate grant fund for the grantee service center personnel. The per diem component of the Grant and the Per Diem Program funds operational costs, including the salaries of service center personnel who provide supportive services to homeless veterans. However, the current per diem amount is $34.40 for organizations with service centers and supportive housing, and it is not sufficient to fund adequately the number of staff that is needed. A separate grant fund for personnel would end the competition between staff salaries versus supportive services.

Second, the bill would change the rate of payment from a per diem daily cost of care to an annual cost of furnishing services. This would allow guarantees to draw down funds in anticipation of allowable and contractual expenses, and it would also address the cash shortfall problems faced by these individuals that creates and incurs debt in their behalf and creates a real problem in terms of the reimbursement from the VA, which makes extreme delays occur, and then receiving the resources needed for them to provide the service.

This would allow the proper business planning and forecasting in order to provide the best and most cost-effective services possible for our veterans. And this is really a problem that is created for these agencies and a headache where they have to wait months in order to get the reimbursement for services already provided.

And finally the bill would allow the VA to increase the rate of payment to reflect anticipated changes in the cost of providing the services, which take into account geographic differences. Because the per diem rate is far less than the actual daily cost of care that is provided for our veterans. The organizations in high cost service areas typically decide not even to participate as a result of the low reimbursement rates. Allowing the VA to increase the payment rates to account for the changes in service costs and geographic differences makes this program more attractive for potential guarantees.

And thirdly it would allow providers to use the per diem funds to match other Federal funding sources. Under the current law, providers are unable to use the per diem funds to match other Federal funding sources. The current system penalizes the Grant and Per Diem Program providers that are successful in securing other sources of income for services to homeless veterans by reducing their per diem payment rate. And consequently, providers are discouraged from developing partnerships with the Federal and State and local and non-profit agencies and other private funding sources because of that, and so that is a real disadvantage.

The proposed fix would encourage leveraging of the VA funds to secure additional financial resources from other entities. This would maximize the potential benefits and resources available to these providers and increase the ability of the provider to provide high quality care to more homeless veterans.

And so I am proud to say that this bill is endorsed by the National Coalition for Homeless Veterans, it is also endorsed by the Veterans of Foreign Wars (VFW). And so I want to thank them for their support.

And Mr. Chairman, I also want to thank the Committee and your leadership in these efforts in trying to streamline the type of services that we provide and to reduce some of the cumbersome system that we have out there and that handicaps these organizations that are operated with very little resources in trying to provide the maximum for our veterans.

So thank you very much. I would ask for your consideration in this particular piece of legislation. Thank you, sir.

[The prepared statement of Congressman Rodriguez appears on p. 31.]

Mr. MICHAUD. Thank you, Mr. Rodriguez, and thank you for all your support and efforts that you have done over the years on this Committee to help our veterans. Are there any questions for Mr. Rodriguez? Hearing none, thank you very much.

I would like to now recognize a freshman Member of this Committee, one who is definitely also very concerned about our veterans. I appreciate Mr. Nye bringing forward H.R. 3073, a bill to amend title 38 of the United States Code to direct the Secretary of Veterans Affairs to establish a grant program to provide assistance to veterans who are at risk of becoming homeless.

Thank you very much, Mr. Nye, for bringing this forward, I look forward to your testimony this morning.

STATEMENT OF HON. GLENN NYE

Mr. NYE. Thank you, Mr. Chairman, it is an honor for me to testify in support of this legislation, H.R. 3073, which I have had the privilege of working on as you mentioned during my first term in Congress, along with Congressman Duncan Hunter of California. And I want to say that I am especially grateful to you, Mr. Chairman Michaud, Members of this Committee, also to the veterans' service organizations, and indeed to the veterans themselves for their hard work and support in helping bring this critical legislation to the forefront.

Just this past August, the Bureau of Labor Statistics released unemployment data showing a dramatic increase in the number of unemployed veterans of OIF and OEF. In fact, the number is at an all time high of 185,000 unemployed, or 11.3 percent. Putting this into perspective, there are only 9,000 more servicemembers currently serving in both Iraq and Afghanistan then there are unemployed Iraq and Afghanistan veterans in the United States.

This recession is impacting every corner of our Nation, yet nowhere is it more demoralizing than in our veteran population. The men and women who have served our country in uniform sacrificed life and limb to protect the freedoms that we all enjoy, yet when they return some veterans are just a paycheck or two away from losing their homes.

That is why I have introduced H.R. 3073, a common sense measure that will provide temporary financial support to veterans who are unable to make rental or mortgage payments and are in imminent danger of eviction or foreclosure. Instead of waiting for them to lose their homes before giving them a hand up, I want to prevent veterans from becoming homeless in the first place and keep them on their feet.

This bill authorizes a new program in the Department of Veterans Affairs that will provide short-term assistance to veterans in danger of losing their homes. Veterans who demonstrate that they are on the verge of losing their homes because they are unable to make mortgage or rental payments will be eligible to apply for this support. Payments will be made on behalf of the veteran to the landlord, mortgage company, or utility company for a period of up to 3 months. Veterans will also be provided with support services to prevent future homelessness, including job training, mental health, and substance abuse treatment.

We can never fully repay a veteran for the sacrifices they have made for this country, but the least we can do is to provide them with a sense of stability when they are having troubles searching for a job. This bipartisan bill will help bridge the gap for veterans who are struggling and give them the chance to get back on their feet.

Again, I thank you, Mr. Chairman, for allowing me to testify on behalf of this critical legislation, and I am confident that we can take this positive step forward to help our veterans in need and urge my colleagues to support the legislation. Thank you.

[The prepared statement of Congressman Nye appears on p. 32.]

Mr. MICHAUD. Thank you very much, Mr. Nye, for that enlightening testimony on this piece of legislation, and thank you for bringing it forward. I really appreciate it very much. Are there any questions for Mr. Nye? There are none. Thank you.

The last individual we have on panel two actually has two pieces of legislation, also a freshman Member, and who is not bashful about bringing forward legislation to help improve our veterans' lives is Mr. Teague, who is bringing forward H.R. 2504 and H.R. 2506. Mr. Teague.

STATEMENT OF HON. HARRY TEAGUE

Mr. TEAGUE. Thank you. Mr. Chairman and Ranking Member and fellow Subcommittee Members, thank you for this opportunity to speak on behalf of two bills that are before the Subcommittee today, H.R. 2504 and H.R. 2506.

H.R. 2504 addresses one of our greatest national travesties. On any given night in our beloved country there are roughly 70,000 to 130,000 veterans that are homeless. They have no shelter from the elements, they sleep on the street of the very cities that they fought to defend, and after they have served our country faithfully they are mostly forgotten and left behind. The fact that this is allowed to happen is shameful.

Luckily these veterans are not completely abandoned. The Department of Veterans Affairs and numerous State, local, and nongovernmental entities have stepped up to the plate and created numerous programs to combat the problems of homeless veterans across the country. These groups conduct operations that are aimed not only at getting veterans off of the streets and into a shelter, but at finding ways to help veterans find employment, secure their own housing, and stay in that housing.

Veterans transitional facilities do more than offer a short-term solution to a homeless veteran, they hold true to the old proverb,

"Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime."

My bill, H.R. 2504, amends section 2013 of title 38 and increases the funding for these programs by $50 million in the next fiscal year. It only makes sense that the programs that do the most good to give our veterans a home should receive more resources so that we can work toward what should be our goal, eradicating homelessness among our veterans.

I am honored to say that this bill is also supported by the National Coalition of Homeless Veterans. I believe that it is a noble effort, and I hope that my colleagues and this Subcommittee and Congress agree, and I hope that they will support this legislation.

The second bill that I have before the Committee is H.R. 2506, the "Veterans Hearing and Assessment Act." This bill addresses a new health factor that is facing our troops, tinnitus. Until recently tinnitus, better known as ringing in the ears, was little understood and even less addressed by the medical community. People suffering with tinnitus were often thought to have anxiety disorders, or in some cases to be delusional. Fortunately those misperceptions have changed and tinnitus is now recognized as a serious clinical syndrome that impacts 12 million individuals on a chronic basis, 2 million who are virtually incapacitated by the disorder. Tinnitus has generally become more common among our Nation's soldiers and veterans, particularly those who have been exposed to blast injuries in Iraq and Afghanistan.

In addition to the personal impact of tinnitus on our veterans' lives and well being, the cost of tinnitus and its continuing rise in instance is extremely alarming. Since 2001, service-connected disability payments for tinnitus has increased by 18 percent per year, and tinnitus is currently ranked by the Department of Veterans Affairs as the number one service-connected disability for returning soldiers. If current trends continue, tinnitus compensation for veterans will exceed $1 billion by the year 2011.

My bill, H.R. 2506, takes some important common sense steps to address this problem. It requires that each Member of the Armed Forces receive a hearing evaluation that includes screening for tinnitus before and after deployment. Why is this important? Certain forms of sensory impairment are clearly visible to casual observation; however, hearing impairment, including tinnitus, may often go undetected or be misdiagnosed, yet along with vision, a soldier relies most on his or her hearing in order to remain safe when in a combat situation.

Impaired hearing, including tinnitus, impacts the soldiers ability to respond appropriately in combat situations, jeopardizing not only the soldier's life, but those around him or her, and compromising the safety of the mission itself.

We need to ensure that pre- and post-deployment screening include an assessment of tinnitus to help ensure a soldier's safety while in the field and to assess the extent to which a soldier may have tinnitus as a result of their exposure to blasts or other high noise level.

Mr. Chairman, my legislation also would ensure that tinnitus will be recognized as a mandatory condition for research and treatment by the Department of Veterans Affairs Auditory Research

Center of Excellence. Recent studies strongly suggest a direct link between tinnitus in both post-traumatic stress disorder (PTSD) and traumatic brain injury. For this reason, improved understanding of the neurological mechanisms that trigger tinnitus and research into its treatment may also directly advance other ongoing research efforts to address the equally serious challenges of PTSD and TBI.

We know that tinnitus is a condition of the auditory system, not a disease of the ear. Existing therapies may help mitigate the effects of tinnitus for some patients, but the extent of relief afforded to patients with tinnitus varies greatly. In short, they do not work for all individuals and they do not cure tinnitus.

Scientific research into tinnitus has made some dramatic advances over the last decade, but we still have a long ways to go to improve prevention and treatment for tinnitus in order to help the millions of American veterans who have experienced tinnitus as a chronic ongoing condition, and hopefully to find a cure for this debilitating condition.

I thank the Committee for its time and consideration. I would like to take this time to thank the staff Members of the Health Subcommittee who lent their expertise during the drafting of this bill, and thank Chairman Michaud and Ranking Member Brown for the opportunity to advance these two important pieces of legislation.

This concludes my testimony, but I would like to submit a statement for the record from the American Tinnitus Association (ATA), if I may. Thank you.

[The prepared statement of Congressman Teague, and the statement from ATA, appear on pp. 33 and 53.]

Mr. MICHAUD. Without objection, so ordered. Thank you very much Mr. Teague for bringing both of these bills before us today. I really appreciate your testimony. Are there any questions for Mr. Teague? Hearing none, thank you very much, and once again, thank you Mr. Nye as well for your legislation.

And I would like to recognize Mr. Brown before we bring forward the third panel. I know Mr. Brown actually was tied up in the Transportation Committee hearing and was delayed getting over here.

So I want to thank you, Mr. Brown, for your friendship and for your willingness for work in a strong bipartisan manner dealing with veterans' issues. Both you and I have served and switched seats here over the past 7 years as Ranking and Chairman of this Subcommittee and the Benefits Subcommittee, so I really appreciate your willingness to work in a bipartisan manner and do what is right for our veterans. So I would recognize you for your opening statement.

OPENING STATEMENT OF HENRY E. BROWN, JR.

Mr. BROWN of South Carolina. Well thank you, Mr. Michaud, and certainly the admiration is mutual. It has been a pleasure working with you on this Committee in both roles, and we always said early on that when you open—come through those doors this is a nonpartisan Committee, and I think it pretty well reflects that among all the membership, and particularly our relationship, because it is all about the veteran and not about politics.

But I do have a bill that I would like to introduce, and I apologize for not being here earlier. The Secretary of Transportation was in the meeting this morning, and I certainly wanted to listen to his report as to how the stimulus is being carried out and how the jobs are being created across the Nation. But anyway, I apologize for not being here earlier.

But I want to also thank you for including on the agenda a bill that I intend to introduce, the "Veterans Dog Training Therapy Act."

This legislation would require VA to conduct a pilot program at three sites modeled after an innovative mental health initiative that is currently being piloted at the VA Medical Center in Palo Alto, California.

I know that Members and the witnesses have not had sufficient time to comment on this bill, so I would appreciate it if you would take time to respond later on for the record.

The intent of the program is to help veterans with post-deployment mental health and post-traumatic stress disorder through a therapeutic medium of training service dogs. After training the dogs, the dogs are placed with veterans that have combat-related physical disabilities.

Although this program has only been going on in one site, veterans participation in the dog training program have seen some spectacular success in addressing symptoms associated with PTSD. Participating veterans are seeing improvements in sleep patterns, mood, patience, and sense of purpose. But because the program is only going on in one location, we need to see some further evidence of these results.

I would like to read you what a veteran who has already gone through the Paws for Purple Hearts Program had to say about it, because I think his testimony means the most, and I quote:"

"To Whom It May Concern:

I was introduced to the Dog Training Program, veterans training service dogs for veterans with mobility disabilities while I was a patient at the Men's Trauma Recovery Program at the Menlo Park VA facility. I am receiving treatment for post-traumatic stress disorder. I understand I am part of the pilot program in working with these service dogs in training. For me, this opportunity has been a Godsend.

The dog has provided me with the opportunity to work on patience, as we work on training him to do new tasks. I have learned that dogs have personalities like humans and they go through times when they are stubborn or distracted and don't want to do what they are told. But when that happens, I have learned to be assertive with the dog instead of aggressive. I give positive reinforcement and reward him for making progress rather than getting angry and yelling. When I am patient and assertive, he always comes around and gets rewarded for performing a commanded task. It feels good to see him succeed.

My family has noticed a difference in the way I interact with them as a result of working with my service dog in training. I am patient with my children when they are around, I haven't yelled at them in several months, and they aren't afraid of me when I am around. I think that is a direct result of working with my dog.

I have also benefited from the association with my service dog in training as we spend time on bonding every day. I feel loved by him and feel comforted when he is around. It has been nearly 4 years since I have felt comforted. When the dog is with me, people that I pass come up and talk to me and I have social interactions that I wouldn't have had without the dog.

I am grateful the VA here in Menlo Park started this program and I got to be part of it. I wish more veterans got the opportunity I have been given to work with these amazing animals.

Please consider this program on a larger scale so more veterans can benefit from training or receiving a service dog.

Thank You. Staff Sergeant Warren Price."

It is vitally important that we explore new and innovative ways to help the increasing number of our returning veterans who are experiencing post-deployment and PTSD symptoms. I hope my colleagues will join me in supporting this legislation. And with that, Mr. Chairman, I yield back the remainder of my time.

[The prepared statement of Congressman Brown appears on p. 26.]

Mr. MICHAUD. Thank you very much, Mr. Brown. Are there any questions of Mr. Brown on the "Veterans Dog Training Therapy Act?" If not, thank you very much.

I would like to ask the third panel to come forward. And while they are coming forward I would also like to point out that H.R. 2506 and the "Veterans Dog Training Therapy Act," was added at the last minute to our agenda, so I would like to ask both the third and the fourth panel to submit your views on these two pieces of legislation if you could.

On the third panel we have Joe Wilson who is from the American Legion; Justin Brown, the Veterans of Foreign Wars; Rick Weidman from the Vietnam Veterans of American (VVA); and Blake Ortner from the Paralyzed Veterans of America (PVA).

I want to thank the four of you gentlemen for coming this morning to talk about the legislation you heard earlier, as well as the draft piece of legislation, and look forward to your testimony. So we will start off with Mr. Wilson.

STATEMENTS OF JOSEPH L. WILSON, DEPUTY DIRECTOR, VETERANS AFFAIRS AND REHABILITATION COMMISSION, AMERICAN LEGION; JUSTIN BROWN, LEGISLATIVE ASSOCIATE, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES; RICHARD F. WEIDMAN, EXECUTIVE DIRECTOR FOR POLICY AND GOVERNMENT AFFAIRS, VIETNAM VETERANS OF AMERICA; AND BLAKE C. ORTNER, SENIOR ASSOCIATE LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

STATEMENT OF JOSEPH L. WILSON

Mr. WILSON. Mr. Chairman and Members of the Subcommittee, thank you for this opportunity for the American Legion to present its views on the broad list of veterans' legislation being considered by this Committee. The American Legion commends this Committee for holding a hearing to discuss these very important and timely issues.

I will begin with H.R. 1017, the "Chiropractic Care Available To All Veterans Act." The purpose of this bill is to direct the Secretary of Veterans Affairs to require the provisions of chiropractic care and services to veterans at all Department of Veterans Affairs Medical Centers and to expand access to such care and services.

The American Legion supports this bill as it is an enhancement of an existing benefit provided to veterans.

H.R. 1036, the "Veterans Physical Therapy Services Improvement Act of 2009." The purpose of this bill is to establish a Director of Physical Therapy Services within VA to ensure these programs have effective oversight and management.

Previously, the American Legion expressed a position supporting the establishment of a Director of Physician Assistant within VA to ensure efficient utilization of the programs and initiatives relating to this field.

The American Legion continues to support the intent of this bill.

H.R. 2504—Increase in Amount Authorized to be Appropriated for Comprehensive Service Programs for Homeless Veterans. This bill would increase the funding going to homeless veterans programs that are desperately needed. These programs will assist the homeless veteran community with their rehabilitation, recovery, health, and community integration.

The American Legion fully supports this bill.

H.R. 2559, the "Help Our Homeless Veterans Act." This bill would direct the Secretary of Veterans Affairs to carry out a national media campaign directed at homeless veterans and veterans at risk of becoming homeless. This bill would provide outreach to our homeless veterans and those who are at high risk of becoming homeless.

This bill would also place a special emphasis on a special subgroup of veterans, women veterans. According to VA, the number of homeless women veterans has doubled in the past decade, up from 3 percent to 5 percent.

The American Legion supports this bill.

H.R. 2735—Availability of Grant Funds to Service Centers for Personnel. This bill seeks to provide a service center for homeless veterans that could be used to provide funding for staffing in order to meet the service availability. This bill will provide the maximum amount of finances to organizations that are on the frontlines of assisting our most vulnerable veterans.

The American Legion supports this important piece of legislation.

H.R. 3073—Grant Program to Provide Assistance to Veterans at Risk of Becoming Homeless. This bill seeks to establish a Grant Program to provide assistance to veterans who are at risk of becoming homeless. To date approximately 3,000 veterans from Iraq and Afghanistan have been treated at VA Medical Centers. This bill could help veterans and their families avoid extraordinary stresses and damages that occur when they become homeless.

The American Legion fully supports this bill.

H.R. 3441—Automatic Enrollment of Veterans Returning from Combat Zones into the VA Medical System. The purpose of this bill

is to amend title 38 of the United States Code relating to the automatic enrollment of honorably discharged combat veterans.

The American Legion recently passed Resolution No. 29, Improvements to Implement a Seamless Transition, which recognized the gaps in services, and has consistently advocated improvements be made to the transition process.

The American Legion fully supports H.R. 3441 and its efforts to improve coordination between DoD and VA during the seamless transition process of wounded servicemembers and veterans.

Draft Discussions on Homelessness Among Veterans—This draft seeks to amend title 38, United States Code, to improve per diem grants payments for organizations assisting homeless veterans.

The American Legion supports this piece of draft discussion.

Draft Discussions on Graduate Psychology Education Transfer of Funds to Secretary of Health and Human Services for Graduate Psychology Education Program—The purpose of this bill is to transfer $5 million from accounts of the Veterans Health Administration to the Secretary of the Department of Health and Human Services for the Graduate Psychology Education Program.

The American Legion approved Resolution No. 150, the American Legion Policy on Department of Veterans Affairs Mental Health Services, which urges Congress to annually appropriate funds to VA to ensure comprehensive mental health services are available to veterans. The American Legion believes funding must be appropriated to treat the invisible wounds of war.

The American Legion has supported VA's strong commitment to medical and nursing school affiliations to recruit and retain high quality medical specialists; however, we do not have an official position on an affinity relationship between the training of VA psychologists through the U.S. Department of Health and Human Services (HHS).

Mr. Chairman, thank you for allowing the American Legion to present—this opportunity to present its views on the aforementioned issues. We look forward to working with the Committee to help increase and improve access to quality care for our Nation's veterans.

[The prepared statement of Mr. Wilson appears on p. 34.]

Mr. MICHAUD. Thank you very much, Mr. Wilson. Mr. Brown?

STATEMENT OF JUSTIN BROWN

Mr. BROWN. Thank you Chairman. Mr. Chairman, Ranking Member Brown, and Members of this Subcommittee, on behalf of the 2.2 million Members of the Veterans of Foreign Wars and our Auxiliaries, I would like to thank this Committee for the opportunity to testify. The issues under consideration today are of great importance to our Members and the entire veteran population.

As the majority of the bills are dealing with homelessness, I am going to limit my remarks to the issue in general.

As we speak, more than 131,000 homeless veterans are walking the streets of the country they fought so bravely to defend. A great number of these men and women are likely walking these streets due to their injuries, physical or mental, resulting from their service to their country.

There is no one causative factor for homelessness, but there are many aggravators. Substance abuse, lack of familial ties, physical and mental health issues, lack of access to affordable housing, lack of employment, and other issues can all eventually lead a person to being either temporarily or chronically homeless. We must consider these factors and be proactive in consideration of homeless policy now and into the future.

As Representative Nye represented in his testimony, there are only 9,000 fewer unemployed Post-9/11 veterans in the United States than there are servicemembers in Iraq and Afghanistan. That is 185,000 unemployed Post-9/11 veterans compared to 194,000 servicemembers in Iraq and Afghanistan. Unemployment, combined with high rates of mental health and physical injuries due to multiple deployments, is a recipe for disaster.

If we are not proactive in our approach to solving homelessness, all of the aggravating factors will combine to leave many thousands of my era of veteran homeless. We must act immediately to alleviate the problem before it explodes.

President Obama addressed the VFW at our national Convention last month. He stated, and I quote, "I have directed Secretary Shinseki to focus on a top priority, reducing homelessness among veterans. After serving their country, no veteran should be sleeping on the streets. No veteran. We should have zero tolerance for that."

We have full faith that this administration and this Congress will fully address this issue today and not tomorrow, by eradicating homelessness for America's heroes of past, current, and future wars forever.

As America's largest group representing combat veterans, we thank you for allowing the Veterans of Foreign Wars to present its views on the bills in question to which we have submitted testimony pertaining our views and opinions on them.

Mr. Chairman, this concludes my testimony, and I will be pleased to respond to any questions you or the Members of this Subcommittee may have. Thank you.

[The prepared statement of Mr. Brown appears on p. 37.]

Mr. MICHAUD. Thank you very much, Mr. Brown for your testimony. Mr. Weidman?

STATEMENT OF RICHARD F. WEIDMAN

Mr. WEIDMAN. Thank you, Mr. Chairman, for allowing Vietnam Veterans of America to present testimony here this morning. There are a diverse group of bills.

First let me just say in regard to the Chairman's bill on chiropractic, it was clear, at least to some of us, the intent of the bill already passed, I believe it was 2 years ago, and there is no reason for VA not to have it available in every facility.

Yes, very much on the tinnitus bill. It is a series problem. The Institute of Medicine did a study that they released 3 1/2 years ago that was excellent on this, and should have been already taken care of by action, by the Secretary, but it hasn't been, so I applaud you, Mr. Teague, for introducing that legislation.

Auto-enrollment makes all the sense in the world that people should be automatically enrolled in the VA when they separate

from military service, particularly those who are returning from a combat deployment, and that will help a great deal.

Part of the problem also, is I would encourage that we also at the same time that we reach out to those who are deployed, we need to reopen this system and take the strictures of January 2003 off. The rate of enrollment of those who were denied during that 5-, 6-year hiatus is not going well. I mean people are not flooding in the gates, because having been burned once they are not coming back, and we need to up the income levels and open it up to category eights much more quickly.

In regard to physical therapy and the various scholarships, particularly for graduate work and getting clinical psychology degrees, VVA, in 1982, proposed on the Readjustment Advisory Committee of Vietnam Veterans, which is now the Readjustment Advisory Committee on Combat Veterans, that we establish a PTSD scholarship for returning combat veterans from Vietnam. Those who show a natural propensity let us train them and then have them give back on a year-by-year basis the same as you give back to military service, if in fact you have participated in ROTC or in one of the service academies. And it still makes sense today.

It makes sense for physical therapists, it makes sense for clinical psychologists, it makes sense for physician assistants, particularly for returning core men and medics who have had more extensive experience on a battle field than residents and interns would ever have.

And so I am suggesting that the Committee look at what are the needs of the future in establishing a broad authority for the Secretary to establish scholarships where people would give back year for year. Those who serve with families can't afford to go out on a GI Bill. It is not the question of paying for school, it is a question of being able to support their family at the same time, and hiring those people so that they are already working at least on a part-time basis and on breaks at the VA would make a great deal of sense.

Increasing H.R. 2504, which would increase to $200 million, the Grant and Per Diem Program, is something that is much needed, and VVA strongly favors that, and strongly favors fully funding that authorization.

The "Help Our Homeless Vets Act" is about the media campaign. No, the VA does not do a good job of reaching out to homeless veterans, but they don't do a good job of reaching out to anybody to inform them about their risks of health problems, et cetera. And so creating a line item for outreach in every single program frankly is something that we would encourage the Committee, both the Subcommittee and the full Committee to mandate that VA do such a thing. Because if you don't plan for it, you are not going to get it done. If it is an after thought, then it is never going to be done very well.

The Comprehensive Service Programs. I think we all know that while we need decent housing and we need transitional housing that is decent and clean of drugs and alcohol, we also need support of services at those, and also transition section eight housing, low-cost housing after people have finished in the transition housing is needed as well, but supportive services once again must be avail-

able, and H.R. 2735 moves in that direction and we would encourage you to even increase that bill.

H.R. 3073, which directs the Secretary to fund at $100 million, a grant program to provide assistance to veterans at risk of becoming homeless. We would applaud that. There is much talk about the numbers here this morning, but there always is when we talk about homeless veterans. And we are curious about all the numbers supplied by VA. How did we go from 3 1/2 years ago of an estimate of 240–to 260,000 down to 173,000 who are homeless down to an estimate today that is much lower than that? So I would just warn the Committee, if I may, about taking those numbers too seriously. Any veteran who is homeless, and there are a lot, is too much. And so we shouldn't rely on just the raw numbers, however they are figured out, to gauge whether or not we are making progress.

Mr. Chairman, I thank you for holding this hearing, and I see I am out of time so I will end there, sir.

[The prepared statement of Mr. Weidman appears on p. 39.]

Mr. MICHAUD. Thank you. Mr. Ortner?

STATEMENT OF BLAKE C. ORTNER

Mr. ORTNER. Mr. Chairman, Ranking Member Brown, and Members of the Subcommittee, on behalf of Paralyzed Veterans of America I would like to thank you for the opportunity to present PVA's position on the legislation pending before the Subcommittee. Due to limits on time, I will only address some of the bills in detail.

PVA has always been a strong supporter of helping homeless veterans. VA estimates that hundreds of thousands of veterans are homeless on any given night or experience homelessness in a year. While exact numbers may vary, this is a tragedy that continues to plague our Nation.

PVA strongly supports H.R. 2504, to provide for an increase in the annual amount authorized by the Secretary of VA to carry out homeless programs, and H.R. 2559, the "Help Our Homeless Veterans Act," to increase outreach which is critical to reducing homelessness.

We are particularly pleased that the legislation not only targets veterans who are homeless, but those that are at risk of becoming homeless, with a special emphasis on our women veterans who face so many additional challenges on the street.

PVA supports H.R. 2735, a bill that will make improvements to the Comprehensive Programs for homeless veterans. However, we do have some concerns about the long-term effects of the legislation. Section two allows the Secretary of VA to increase the rates of payment to reflect anticipated changes in the cost of services and takes into account the cost of providing these services in particular geographic areas.

While we welcome this consideration by adjusting the payments for geographic areas, which we believe is aimed at providing greater funding to high cost localities, this may actually reduce the total number of homeless veterans that can be served if future increases in program funding are insufficient. Funding levels provided for homeless programs are seldom sufficient to provide for all the veterans who may need to take advantage of these critical services.

In conjunction with H.R. 2735 are the discussion drafts to improve per diem grant payments for organizations assisting homeless veterans and to eliminate the required reduction of per diem payments provided to entities furnishing services due to other sources of income.

One bill would set the per diem rate at an amount equal to the greater of the daily cost of care or a fixed per diem rate of $60 and essentially set a floor. PVA supports this floor and has consistently opposed reductions of per diem due to other income sources. However, PVA is concerned about other aspects of the draft.

The legislation proposes that the Secretary of VA ensure 25 percent of funds for payments be available for recipients or entities which furnish services to homeless veterans of which less than 75 percent are veterans. This means an entity which provides services to the homeless, and only 1 percent, or for that matter zero percent, of those receiving services are veterans who are eligible for VA funding. At least this is how we understand the wording of the bill.

While we understand some homeless providers may serve a minimal number of veterans, VA homeless veterans funding should be targeted toward veterans' providers who provide for homeless veterans.

PVA also welcomes the discussion draft legislation to reform and expand VA Supportive Housing Program carried out by the U.S. Department of Housing and Urban Development (HUD), VA, which may return a homeless veteran to housing.

PVA does have one concern. The draft calls for specific set aside for OEF and OIF veterans. Though we understand the desire of Congress to help our most recent veterans, the scourge of homelessness is so serious that to potentially limit resources for non-OEF/OIF veterans is a mistake. All our homeless veterans should have an equal chance at any help that may be available.

PVA supports H.R. 3441, to provide for automatic enrollment of veterans returning from combat zones into the VA medical system. However, absent from the legislation is a clear consideration of our mobilized National Guard and Reservists as they are demobilized from wartime service. We would ask that the Subcommittee consider including specifics in the legislation.

PVA supports provisions of H.R. 1017, the "Chiropractic Care Available To All Veterans Act;" H.R. 1036, the "Veterans Physical Therapy Services Improvement Act of 2009;" and H.R. 3073 as introduced.

However, PVA does not support the draft legislation as currently written to transfer funds from VA to the Secretary of HHS for a Graduate Education Program. PVA recognizes the value of HHS due to their established programs for graduate education, but the provision that when awarding grants the Secretary of HHS is only required to give a preference to health care facilities of the VA when these funds are coming from VA seems beyond comprehension.

We would sincerely hope that only in the event VA did not apply for the grant would it be awarded to a non-VA program or facility.

PVA appreciates the opportunity to comment on the bills being considered by the Subcommittee, and we would be happy to answer questions you may have. Thank you.

[The prepared statement of Mr. Ortner appears on p. 42.]

Mr. MICHAUD. Thank each of you for your testimony. I know they called for the votes, but there are still about 400 members who have not voted yet. So are there any questions from the Committee? If not, we will be submitting questions, and hopefully you will respond, due to the votes being open.

So once again, I want to thank all four of you for coming this morning to give your thoughts on the pending legislation we currently have before us. So thank you.

I will now call and hopefully we can get through this last panel before we have to run off to votes, is Peter Dougherty, who is the Director of the Homeless Veterans Program. He is accompanied by Paul Smits from the Department of Veterans Affairs, as well as Jane Clare Joyner, who is also from the Department of Veterans Affairs.

I want to thank you for coming, Mr. Dougherty, and we do have your written testimony, so if you could try to sum up your written testimony. Thank you.

STATEMENT OF PETER H. DOUGHERTY, DIRECTOR, HOMELESS VETERANS PROGRAMS, OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY PAUL E. SMITS, ASSOCIATE CHIEF CONSULTANT, HOMELESS AND RESIDENTIAL REHABILITATION AND TREATMENT PROGRAMS, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND JANE CLARE JOYNER, DEPUTY ASSISTANT GENERAL COUNSEL, OFFICE OF GENERAL COUNSEL, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. DOUGHERTY. Thank you, Mr. Chairman. Good morning to you and to the Members of the Subcommittee. Thank you for inviting me here today. We will address the four bills, specifically that deal with homeless veterans, and we will provide our views and cost estimates on the others as soon as they are available.

H.R. 2504 would amend title 38, section 213, to raise the authorized amount to be appropriated for the Homeless Grant and Per Diem Program from $150 million to $200 million beginning in fiscal year 2010 and each fiscal year thereafter.

VA supports H.R. 2504; however, we would also recommend that the Committee consider that there is an increased need for appropriations, and we would suggest that the amount of appropriations simply be allowed to be set by the needs as we see them in the Department as opposed to an appropriated dollar level.

H.R. 2559 asks for a national media campaign targeted to veterans who are homeless and at risk, with special emphasis on women veterans. The VA supports outreach to homeless veterans. We have authority under Public Law 110–389, section 539 to promote awareness of veterans' benefits and services through the Secretary.

We believe that we have a plan that will start in fiscal year 2010 that will do specific targeting and advertising, if you will, for vet-

erans who are homeless, and we would welcome the opportunity to talk to the Committee and the Committee's staff about those issues at a later time.

H.R. 2735 would make improvements to the "Comprehensive Services Act." Section 1 of that bill would add a new subsection, specifically allowing service centers receiving grants from the Department to use those staffing grants to ensure services are provided and to change the basis from a daily rate of care to an annual cost of furnishing those services. VA supports section one of that bill.

Section 2 would direct the Secretary to increase the rate of payment to reflect changes of cost of furnishing services and cost of services based upon geographic areas. It would remove the requirement that the Secretary consider other sources available, and would leave it to his or her discretion. And it would allow grant recipients to use VA grants to match other payments or grants from other providers.

VA continues to evaluate section two and the implications of the shift from per diem to annual cost of furnishing services.

VA generally supports the concept of the bill and this provision, but we are apprehensive that this legislation may have policy problems leading to higher costs and more detailed auditing and increased oversight by us.

VA does not oppose removing the existing cap, but we are concerned that the language in the bill is restrictive in that it only authorizes the VA to increase the rate of payment from year to year. VA could be unable to respond to situations or developments that might lower the operating costs for grant recipients. As a result, VA can be forced to pay costs above rates to providers.

We consequently recommend that the language be modified to say "adjust," instead of "increase." The bill would also no longer require the Secretary to consider the availability of other sources of income to grant recipients. VA suggests that the language be amended to prohibit duplication and allow for adjustment rather than solely increased funding.

Again, we would welcome the opportunity to discuss these issues with you and the Committee staff, and we will be happy to provide additional details to the Committee as we further evaluate the impact of this proposal.

Regarding H.R. 3073, this would create a new grant program that would require the Secretary to provide grants to public entities and private non-profit organizations to provide financial support to veterans at risk of or homelessness, specifically to those veterans in eminent danger of eviction or foreclosure who demonstrate a compromised ability to make rental or mortgage payments and who meet eligibility requirements established by the grant recipient. This would allow up to 3 months to be provided assistance.

VA supports preventive measures for homeless veterans and those at risk, but we have some serious concerns about the bill.

Let me briefly explain, Mr. Chairman. Section 604 of Public Law 110–187 provides VA with the authority to provide grants to organizations offering supportive services that are similar to this legislation for low-income veterans and their families that are living in

permanent housing. VA is currently developing regulations to implement this legislation and we expect to do it this fiscal year.

We also believe that the 3-month eligibility for services under this bill is too short, and we would think that that is an issue we need to address as well.

Again, Mr. Chairman, we understand we are very quick here. We would welcome the opportunity to discuss this with you and answer any questions you or the Committee may have.

[The prepared statement of Mr. Dougherty appears on p. 45.]

Mr. MICHAUD. Thank you very much, Mr. Dougherty, and look forward to working with you on these pieces of legislation, and we definitely will have follow-up questions, but due to the fact that we have only got less than a minute to get over to vote, we will have to adjourn the hearing, but we will definitely followup with the questions both for the third and fourth panel.

So once again thank you very much for testifying.

Mr. DOUGHERTY. Thank you, Mr. Chairman.

Mr. MICHAUD. The hearing is now adjourned.

[Whereupon, at 11:21 a.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Michael H. Michaud, Chairman, Subcommittee on Health

I would like to thank everyone for coming today.

Today's legislative hearing is an opportunity for Members of Congress, veterans, the VA and other interested parties to provide their views on and discuss recently introduced legislation within the Subcommittee's jurisdiction in a clear and orderly process.

I do not necessarily agree or disagree with the bills before us today, but I believe that this is an important part of the legislative process that will encourage frank discussions and new ideas.

We have thirteen bills before us today. Of this, eight bills have been introduced and cover a wide range of issues including homeless veterans, chiropractic care, physical therapy, screening for hearing loss, and automatic enrollment of veterans in the VA medical system. The remaining five bills are drafts for discussion and would support the training of psychologists in the treatment of veterans with PTSD, TBI, and other combat-related disorders; create a pilot program using psychiatric service dogs; and build on the homeless bills which already have been introduced to provide additional assistance to homeless veterans.

While today's hearing covers a wide range of issues, it focuses on homeless veterans with seven of the thirteen bills before us today addressing issues of homelessness. According to the VA, about one-third of the adult homeless population has served their country in the Armed Services. Current population estimates suggest that about 130,000 veterans are homeless on any given night and twice as many experience homelessness at some point during the course of a year. Given these staggering statistics, it is clear that we must do better by our veterans and this legislative hearing is a step in the right direction as it provides an opportunity to hear different points of views and ideas on how best to serve our homeless veterans.

I look forward to hearing the views of our witnesses on these bills before us.

Prepared Statement of Hon. Henry E. Brown, Jr., Ranking Republican Member, Subcommittee on Health

Thank you, Mr. Chairman.

I appreciate your holding this legislative hearing today to discuss a number of bills that seek to improve and enhance the quality of care and services we provide to our veterans, especially those veterans who are homeless and at-risk for homelessness.

I also want to thank you for including on the agenda a bill that I intend to introduce, the Veterans Dog Training Therapy Act.

This legislation would require VA to conduct a pilot program at three sites modeled after an innovative mental health initiative that is currently being piloted at the VA medical center in Palo Alto, CA.

I know that Members and the witnesses have not had sufficient time to comment on this bill, so I would appreciate if you would take time to respond later on, for the record.

The intent of the program is to help veterans with post deployment mental health and Post Traumatic Stress Disorder (PTSD) through a therapeutic medium of training service dogs. After training the dogs, the dogs are placed with veterans that have combat-related physical disabilities.

Although this program has only been going on in the one site, veterans participating in the dog training program have seen some spectacular success in addressing symptoms associated with PTSD. Participating veterans are seeing improvements in sleep patterns, mood, patience, and sense of purpose. But because the pro-

gram is only going on in the one location, we need to see some further evidence of these results.

I'd like to read you what a veteran who has already gone through the Paws for Purple Hearts program had to say about it, because I think his testimony means the most

"To Whom It May Concern:

I was introduced to the dog training program, veterans training service dogs for veterans with mobility disabilities, while I was a patient at the Men's Trauma Recovery Program at the Menlo Park VA facility. I am receiving treatment for Post Traumatic Stress Disorder. I understand I am part of the pilot program in working with these service dogs in training. For me, this opportunity has been a Godsend.

The dog has provided me with the opportunity to work on patience as we work on training him to do new tasks. I've learned that dogs have personalities like humans and they go through times when they are stubborn or distracted and don't want to do what they're told. But when that happens I've learned to be assertive with the dog instead of aggressive, I give positive reinforcement and reward him for making progress rather than getting angry and yelling. When I am patient and assertive he always comes around ad gets rewarded for performing a commanded task. It feels good to see him succeed.

My family has noticed a difference in the way I interact with them as a result of working with my service dog in training. I am patient with my children when they are around, I haven't yelled at them in several months and they aren't afraid of me when I'm around. I think that is a direct result of working with my dog.

I have also benefited from the association with my service dog in training as we spend time on bonding every day. I feel loved by him and I feel comforted when he is around. It's been nearly 4 years since I have felt comforted. When the dog is with me people that I pass come up and talk to me and I have social interaction that I wouldn't have had without the dog. I'm grateful the VA here in Menlo Park started this program and I got to be part of it. I wish more veterans got the opportunity I've been given to work with these amazing animals.

Please consider this program on a larger scale so more veterans can benefit from training or receiving a service dog.

Thank You.

(SSG)
OIF 2003–2005"

It is vitally important that we explore new and innovative ways to help the increasing number of our returning veterans who are experiencing post deployment and PTSD symptoms. I hope my colleagues will join me in supporting this legislation.

With that, Chairman, I yield back the remainder of my time.

Prepared House Statement of Hon. Phil Hare,
a Representative in Congress from the State of Illinois

Thank you Chairman Michaud, Ranking Member Brown, Members and staff of the House Veterans Affairs Committee Subcommittee on Health for inviting me here today. As a former Member of this Subcommittee, it's always a pleasure to be in this room among friends who are so dedicated to the welfare of our Nation's heroes.

I come before you today to present testimony on legislation I introduced, H.R. 2559, the Help Our Homeless Veterans Act. This bill directs the Secretary of the Department of Veterans Affairs (VA) to carry out a national media campaign directed at homeless Veterans and Veterans who are at risk of becoming homeless to help end this growing problem.

The number of homeless Veterans is rising and must be addressed. Veterans are overrepresented in our Nation's homeless population. In fact, they make up about one-third of our country's homeless. On any given night this year, 131,000 Veterans are sleeping on the streets. This year alone, 300,000 Veterans will experience homelessness.

Vietnam Veterans represent the largest segment of the homeless Veteran population. Now, at a time with the highest unemployment rate in 26 years, with more and more servicemembers returning home from the conflicts in Iraq and Afghanistan, the number of Veterans who are unable to make ends meet and face the prospect of homelessness is growing. The VA estimates that it already provides services

to 916 Veterans from the conflicts in Iraq and Afghanistan. Additionally, the VA has identified over 2,986 Veterans that are at risk of becoming homeless.

Additionally, there has been an alarming increase in the number of female homeless Veterans. The VA estimates that 10 percent of all homeless Veterans are now women. This means that about 740 female Veterans from the Iraq and Afghanistan conflicts are homeless, or have been identified as being at risk of becoming homeless. These numbers are simply unacceptable.

Addressing the National Coalition for Homeless Veterans National Conference, Secretary Shinseki said, "We have a moral duty to prevent and eliminate homelessness among Veterans." I could not agree more and I applaud the Secretary for his commitment to end Veterans homelessness in the next 5 years.

In order to meet this goal, I strongly believe that the VA must immediately begin conducting media outreach to connect homeless Veterans to available programs, services and benefits.

That is why I introduced the Help our Homeless Veterans Act. This bill will mandate that the Secretary dedicate funding to establish a national media outreach campaign on homelessness. This campaign will be designed to educate Veterans about where they can turn if they are homeless or at risk of becoming homeless.

Mr. Chairman, since the VA's internal ban on paid public advertising has been lifted, the VA has carried out one media campaign about the availability of an emotional crisis hotline, which I understand has been remarkably successful in preventing suicide among Veterans. Thus, I believe that using the media to educate Veterans about available services has proven to be effective, and I believe we can use it as a tool to reach those who are at risk of becoming homeless, as well as those who have already found themselves on the streets.

Ultimately, it is my hope that with increased awareness and information about VA homelessness prevention and homeless services among Veterans themselves, advocacy groups, families and the public, we can prevent Veterans from becoming homeless, and inform those who are homeless about services available to them.

We owe a tremendous debt to those who have served our country in uniform, and it is time that we show these heroes the appropriate respect. With the enactment of the Help Our Homeless Veterans Act, I believe that we can make a strident effort in ending homelessness among our Veterans.

Mr. Chairman and Ranking Member, I thank you again for this opportunity to testify and will be happy to answer any questions that you may have.

Prepared Statement of Hon. Stephanie Herseth Sandlin,
a Representative in Congress from the State of South Dakota

Good morning, Chairman Michaud and Ranking Member Brown. Thank you for holding today's hearing. I appreciate having the opportunity to be here to discuss the "Veterans Physical Therapy Services Improvement Act."

At the outset, I'd also like to thank the American Physical Therapy Association for their continued leadership on this issue and their support for this important legislation. And, I'd also like to thank the Iraq and Afghanistan Veterans Association for their endorsement of this bill.

The "Veterans Physical Therapy Services Improvement Act," which I introduced on February 12, 2009, along with the original cosponsor support of Health Subcommittee Chairman Michaud, and full Veterans' Affairs Committee Chairman Filner, will take important steps to expand and improve Department of Veterans' Affairs health care services by improving the ability of veterans to access physical therapy services throughout the VA.

As your Subcommittee knows, the VA is presented today with a unique and challenging patient population. There are large numbers of aging veterans as well as men and women returning from Iraq and Afghanistan with complex impairments. Both of these groups require a full range of physical therapy services that can keep pace with modern advancements and techniques in the field.

I would like to share just a few statistics with you that highlight the need for enhancing physical therapy services and administration at the VA.

Currently, over 1,000 physical therapists are employed by the Veterans Health Administration providing care to our Nation's veterans. These physical therapists practice across the continuum of care from primary care settings and wellness programs to disease prevention and post-trauma rehabilitation, and play critical roles in a veteran's care team.

Approximately 9.2 million veterans are age 65 or older (38 percent of veterans) and, by 2033, older veterans will represent 45 percent of the total veterans popu-

lation. For these older veterans, physical therapists are integral in fall prevention and type 2 diabetes prevention strategies.

Over 33,000 servicemembers have been wounded in Operations Enduring Freedom and Iraqi Freedom. Many of these brave veterans have multiple serious injuries such as amputations and traumatic brain injury (TBI) that require complex rehabilitation provided by physical therapists.

Competition is high for physical therapy graduates. The Department of Labor (DOL) recognizes two health care occupations—nurses and physical therapists—that are experiencing a significant shortage under its labor shortage determination authority. The DOL also projects an increasing need for physical therapists and physical therapist job growth of more than 25 percent over the next decade.

Given the shortage of physical therapists and the increased demand for these services, it is clear that the VA needs to be competitive in the current marketplace to recruit and retain an adequate number of physical therapists to provide services for our Nation's brave veterans.

This legislation works to solve this challenge through a number of initiatives.

First, the legislation creates the position of Director of Physical Therapy Services at the Veterans Health Administration. This position would report directly to the Undersecretary for Health. Currently, physical therapists at the VA do not have a seat at the Director-level table. Having a voice at this level will help ensure that, as the profession of physical therapy advances, the VA keeps its requirements up to date with regard to educational requirements, qualifications, clinical privileges and scope of practice.

The legislation also creates the Department of Veterans Affairs Geriatric, Amputee, Polytrauma and Rehabilitation Research Fellowships Program to assist in the recruitment and retention of qualified physical therapists. With strong competition in the marketplace for the services of experienced and qualified physical therapists, the VA needs to be aggressive in recruiting and retaining physical therapists. This fellowship will allow the VA to be more competitive in recruiting and retaining physical therapists that specialize in crucial areas of need such as amputee rehabilitation and polytrauma care.

This legislation also includes requirements that the VA update its degree and license requirements for the appointment of individuals to the physical therapist position. I'm pleased that the VA already has taken some steps to improve its physical therapy policies. The VA has recently approved new regulations that allow VA facilities to use special salary rates, recruitment bonuses, retention allowances and other pay flexibilities to enhance recruitment and retention of physical therapists based on the local labor market. My legislation would help codify these standards.

In closing, Mr. Chairman, this legislation will help ensure veterans have access to the full range of physical therapy services they need and deserve.

Thank you again, Mr. Chairman, for inviting me to testify. I look forward to answering any questions the Committee may have.

Prepared Statement of Hon. Michael A. Arcuri,
a Representative in Congress from the State of New York

Good morning Chairman Michaud, Ranking Member Brown, and all Members of the VA Subcommittee on Health. I first wish to thank you for scheduling this legislative hearing today and inviting me to speak on my bill, H.R. 3441. This legislation would automatically enroll veterans who are already eligible for free VA health care into the VA system, while providing a chance to opt-out of the system both at the time of separation from the Armed Services and 6 months following.

My bill references the statutes passed in FY08 National Defense Authorization Act. As you know, this law extends the eligibility period for free VA medical care from 2 to 5 years for veterans who served in a combat theater of operations after November 11, 1998. It applies to active duty, National Guard, and Reserve servicemembers returning from Operation Enduring Freedom and Operation Iraqi Freedom (or OEF/OIF) for conditions that may be related to their combat service. Following this initial 5-year period, these veterans may continue their enrollment in the VA health care system, but they may be subject to applicable copayments for nonservice-connected conditions.

My legislation takes this same group eligible for free health care under the FY08 Act and instructs the Department of Defense, in conjunction with the VA, to automatically enroll these veterans in VA health care, should these veterans so choose. This bill does not create new classes of veterans eligible for free VA health care,

but simply changes the process by which these veterans would become part of the system upon separation from the DoD.

Importantly, this bill includes an opt-out provision at the time of separation and again at 6 months after separation to preserve the veteran's right to choose his or her own health care.

My bill would also issue a standard VA veterans' identification card to an auto-enrolled veteran, and provide a listing of VA medical facilities within 100 miles of the veteran. It would also require the VA to attach a description of Federal veterans benefits and programs, such as educational benefits, job training, and placement programs, for which the veteran may be eligible.

The reason we are proposing this legislation is to make sure that acceptance into the VA is as simple and effortless as possible for the tens of thousands who will likely seek access in the coming months. Most of us here recognize the VA's efforts to track down veterans weeks and even months after their return. Yet unfortunately, we still have a system that doesn't sufficiently reach all soldiers. It also places responsibility fully on a soldier who has just returned from war and must step back into his or her "normal" life. Dealing with this single experience is difficult enough. We shouldn't place another burden on our veterans by requiring them to actively pursue the care they may want or need.

The opportunity to improve our present VA enrollment system is reflected by the sheer demand of returning servicemembers who are accessing the system at record rates. The VHA Office of Public Health reported this January that between FY02 and the last quarter of FY08, 42% of the roughly 950,000 separated OEF/OIF veterans have sought VA health care. The report also predicts that the percentage of OEF/OIF veterans receiving health care from the VA—as well as the percentage given any type of diagnosis—will tend to increase over time as these veterans continue to enroll in VA health care and develop new health problems.

In its April 2009 report, the VA Office of Policy and Planning further broke down the exceptional VA usage patterns of OEF/OIF veterans. An overwhelming 53% of these veterans used VA health care in FY08. Additionally, when compared to all other veterans, OEF/OIF veterans also more frequently turned to the VA to access multiple programs. 44%—or roughly 221,000 returning servicemembers—sought some combination of education, pension, insurance, health, or loan guaranty services from the VA.

Clearly, the demand for VA care will only continue to grow in the coming years. Unfortunately, these higher enrollment numbers also indicate a trend toward more cases of joint and back disorders, mental disorders, and what the VA characterizes as "Symptoms, Signs, and Ill-Defined Conditions." These three categories are what the VA has determined the most common health problems of war veterans, and represent our collective responsibility to improve our delivery of good, efficient care to all those who risked everything for this country.

While these figures represent the specific experiences of OEF/OIF veterans, I believe that we must re-evaluate entry into the VA for all returning servicemembers.

Let me first say that I acknowledge the outreach efforts that the VA has performed during this time. An extensive outreach effort has been developed to inform veterans of their benefits, including the mailing of a personal letter from the VA Secretary to war veterans identified by DoD when they separate from active duty and become eligible for VA benefits. These efforts have undoubtedly contributed to higher VA enrollment rates.

Yet while the VA attempts to reach out to returning soldiers and educate them about available resources, it is still presently incumbent upon the veteran to initiate and complete the application and registration process with the VA. In many cases, a soldier's primary focus during his or her last few weeks of deployment is simply getting back home – not spending more time away from loved ones by studying the VA application process, filling out paperwork, or undergoing evaluation. These servicemembers often forego necessary screening or care, leading to critical situations weeks or months later when symptoms begin to manifest or intensify. Frankly, despite all of our efforts, some are still falling through the cracks.

I commend the VA for its committed efforts to reach each veteran. However, I see a chance to change the system so that veteran care no longer centrally involves tracking down those we've missed, and no longer leaves many veterans finding themselves months or even years later without proper treatment options and unaware of how to navigate the VA system.

By implementing auto-enrollment and accepting returning soldiers at the outset, this bill would allow the VA to shift time and resources away from tracking and follow-up and instead focus on delivering health care right away. The bill would also inform every servicemember of the many VA resources available to him or her as an enrolled veteran with the resource card. This legislation is critical toward real-

izing the "seamless transition," a common goal of the administration's, various veterans' service organizations, and veterans themselves for years.

Thank you again for holding this hearing on my legislation to provide auto-enrollment for veterans returning from combat zones. This bill is endorsed by American Legion and the Iraq and Afghanistan Veterans of America. I look forward to working together to honor and protect our veterans, and I would be happy to answer any questions you may have on this bill.

Prepared Statement of Hon. Bob Filner Chairman, Committee on Veterans' Affairs, and a Representative in Congress from the State of California

Musculoskeletal conditions are the number one reason that returning veterans from OEF/OIF seek care at the Department of Veterans' Affairs.

However, the current statute is such that each Veteran Integrated Service Network director is only responsible for ensuring that a minimum of one VA medical center provides on-station chiropractic care. We all know that an individual VISN often encompasses multiple states and so, it is fair to say that on-site chiropractic care is not readily accessible for our veterans.

This is why I introduced H.R. 1470 and H.R. 1471 in the last Congress. These bills would have expanded on-site chiropractic care and services to veterans at VA medical centers.

In addition, it would have included chiropractic services and counseling, as well as periodic and preventive chiropractic exams and services among the medical, rehabilitative, and preventive health services available for veterans.

H.R. 1470 passed the House on May 23, 2007, but H.R. 1471 did not see further action after it was referred to the Subcommittee on Health.

In this Congress, I introduced H.R. 1017, the Chiropractic Care Available to All Veterans Act. This act merges the provisions in H.R. 1470 and H.R. 1471 from the last Congress.

H.R. 1017 simply updates the time frame for expansion of on-site chiropractic care to all VA medical centers. H.R. 1017 also removes a provision from H.R. 1471 of the 110th Congress, which would have established chiropractic practitioners on the same level as VA medical doctors in the direct provision of primary care services. This decision was based on the helpful feedback I received from our VSO community and the American Chiropractic Association.

I hope that you will support H.R. 1017 so that we can better provide chiropractic care to our veterans.

Prepared Statement of Hon. Ciro D. Rodriguez, a Representative in Congress from the State of Texas

Thank you Mr. Chairman for allowing me to speak today on my bill, H.R. 2735, which will improve our Homeless Veteran Grant and Per Diem program.

The purpose of the Grant and Per Diem program is to encourage community agencies to develop and provide supportive housing and/or supportive services to homeless veterans.

The program is administered by the Veterans Administration Health Care for Homeless Veterans Program which funds community agencies to provide transitional housing, health services, personal counseling, and other supportive services to homeless veterans.

Eligible grantees are those who operate programs with supportive housing for up to 24 months, or veteran service centers offering services such as case management, education, crisis intervention, counseling, and services targeted toward specialized populations including homeless women veterans.

This bill would improve the Grant and Per Diem program in the following ways:

- First, it would *create a separate grant fund for grantee service center personnel*. The per-diem component of the Grant and Per Diem program funds operational costs, including the salaries of service center personnel who provide supportive services to homeless veterans. However, the current per-diem amount, which is $34.40 for organizations with service centers and supportive housing, is not sufficient to fund an adequate number of staff. A separate grant fund for personnel would end the competition between staff salaries versus supportive services.

- Second, it would *change the rate of payment from a per diem daily cost of care to an annual cost of furnishing services*. This would allow grantees to draw down funds in anticipation of allowable and contractual expenses. It would also address the cash shortfall problem faced by grantees where the organization must incur debt and then apply for reimbursements from the VA which often makes delayed payments. This would allow for proper business planning and forecasting in order to provide the best and most cost-effective services possible to our homeless veterans.
- Next, this bill would *allow the VA to increase the rate of payment to reflect anticipated changes in the cost of providing services, which take into account geographic differences*. Because the per-diem rate is far less than the actual daily cost of care for homeless veterans, organizations in high cost service areas typically decide not to apply for Grant and Per Diem program funding. Allowing the VA to increase the payment rate to account for the changes in service costs and geographic differences makes this program more attractive for potential grantees.
- Finally, it would *allow providers to use Per Diem funds to match other Federal funding sources*. Under current law providers are unable to use Per Diem funds to match other Federal funding sources. The current system penalizes Grant and Per Diem program providers that are successful in securing other sources of income for services to homeless veterans by reducing their per diem payment rate. Consequently, providers are discouraged from developing partnerships with other Federal, state, local and non-profit agencies and other private funding sources. The proposed fix would encourage leveraging of VA funds to secure additional financial resources from other entities. This would maximize the potential benefits and resources available to these providers and increase the ability of the provider to provide high quality care to more homeless veterans.

I'm proud to say that this bill is endorsed by the National Coalition for Homeless Veterans and the Veterans of Foreign Wars. I certainly appreciate their endorsement.

Mr. Chairman, fellow Members of the Health Subcommittee—this is the right thing to do. Many homeless veterans have benefited from the Grant and Per Diem program through veteran support organizations, but it is still a cumbersome system that needs these improvements. We must make it less difficult for these organizations to lend a hand.

I appreciate your consideration of this bill and ask for your support as we try to help our homeless veterans.

Thank you.

Prepared Statement of Hon. Glenn Nye,
a Representative in Congress from the State of Virginia

I am honored to testify in support of my legislation, H.R. 3073, which I have had the privilege of working on during my first term in Congress.

I am especially grateful to Chairman Michaud, the Members of this Committee, the veterans' service organizations, and veterans themselves for their hard work and support in helping me bring this critical legislation to the forefront.

Just this past August the Bureau of Labor Statistics released unemployment data showing a dramatic increase in the number of unemployed veterans of OIF and OEF. In fact, the number is at an all time high of 185,000 unemployed, or 11.3 percent. To put this into perspective, there are only 9,000 more servicemembers currently serving in both Iraq and Afghanistan then there are unemployed Iraq and Afghanistan veterans in the United States.

This recession is impacting every corner of this nation, yet nowhere is it more demoralizing than in our veteran population. The men and women who have served their country in uniform sacrificed life and limb to protect the freedoms we enjoy, yet when they return, some veterans are just a paycheck or two away from losing their homes.

This is why I have introduced H.R. 3073, a common sense measure that will provide temporary financial support to veterans who are unable to make rental or mortgage payments, and are in imminent danger of eviction or foreclosure. Instead of waiting for them to lose their homes before giving them a hand up, I want to prevent veterans from becoming homeless in the first place and keep them on their feet.

The bill authorizes a new program in the Department of Veterans Affairs that will provide short-term assistance to veterans in danger of losing their homes. Veterans

who demonstrate that they are on the verge of losing their homes because they are unable to make mortgage or rental payments, will be eligible to apply for support. Payments will be made on behalf of the veteran to the landlord, mortgage company, or utility company for up to 3 months. Veterans will also be provided with support services to prevent future homelessness, including job training, mental health, and substance abuse treatment.

We can never fully repay a veteran for the sacrifices they made for this country, but the least we can do is provide them a sense of stability when they are having troubles searching for a job. This bipartisan bill will help bridge the gap for veterans who are struggling and give them the chance to get back on their feet.

Again, I thank the Chairman for allowing me to testify on behalf of this critical legislation, and I am confident that we can take this positive step forward to help our veterans in need. I urge my colleagues to support this legislation.

Prepared Statement of Hon. Harry Teague,
a Representative in Congress from the State of New Mexico

Mister Chairman and Ranking Member and fellow Subcommittee Members. I would like to take this opportunity and use my opening statement to speak on behalf of two bills that are before the Committee today, H.R. 2504 and H.R. 2506.

H.R. 2504 addresses one of our greatest national travesties.

On any given night in our beloved country, there are roughly 70, 000 to 130,000 veterans that are homeless. They have no shelter from the elements; they sleep on the streets of the very cities that they fought to defend. After they have served our country faithfully, they are mostly forgotten and left behind.

The fact that this is allowed to happen is shameful.

Luckily, these veterans are not completely abandoned. The Department of Veterans Affairs and numerous state, local and non-governmental entities have stepped-up to the plate and created numerous programs to combat the problem of homeless veterans across the country.

These groups conduct operations that are aimed not only at getting veterans off the streets and into a shelter, but at finding ways to help veterans find employment, secure their own housing and stay in that housing. Veterans transitional facilities do more than offer a short-term solution to a homeless veteran; they hold true to the old proverb: "Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime."

My bill, H.R. 2504, amends section 2013 of title 38 and increases the funding for these programs by $50 million dollars in the next fiscal year. It only makes sense that the programs that do the most good to give our veterans a home should receive more resources so that we can work toward what should be our goal: eradicating homelessness among our veterans.

I am honored to say that this bill is also supported by the National Coalition for Homeless Veterans.

I believe that is a noble effort, and I hope that my colleagues in the Subcommittee and the Congress agree and I hope that they will support this legislation.

The second bill that I have before the Committee is H.R. 2506, the "Veterans Hearing and Assessment Act." This bill address an new health factor that is facing our troops—tinnitus.

Until recently, tinnitus—better known as 'ringing in the ears'—was little understood and even less addressed by the medical community. People suffering with tinnitus were often thought to have anxiety disorders, or, in some cases, to be delusional.

Fortunately, those misperceptions have changed, and tinnitus is now recognized as a serious clinical syndrome that impacts 12 million individuals on a chronic basis, 2 million of who are virtually incapacitated by the disorder. Tinnitus is generally becoming more common among our Nation's soldiers and veterans, particularly those who have been exposed to blast injuries in Iraq and Afghanistan.

In addition to the personal impact of tinnitus on our veterans' lives and well-being, the cost of tinnitus and its continuing rise in incidence is extremely alarming. Since 2001, service-connected disability payments for tinnitus has increased by 18 percent per year, and tinnitus is currently ranked by the Department of Veterans Affairs (VA) as the #1 service connected disability for returning soldiers. If current trends continue, tinnitus compensation for veterans will exceed $1 billion by the year 2011.

My bill, H.R. 2506, takes some important, common sense steps to address this problem. It requires that each member of the Armed Forces receives a hearing eval-

uation that includes screening for tinnitus before and after deployment. Why is this important?

Certain forms of sensory impairment are clearly visible to casual observation. However, hearing impairment, including tinnitus, may often go undetected or be misdiagnosed. Yet, along with vision, a soldier relies most on his or her hearing in order to remain safe when in a combat situation.

Impaired hearing, including tinnitus, impacts a soldier's ability to respond appropriately in combat situations, jeopardizing not only the soldier's life but those around him or her, and compromising the safety of the mission itself. We need to ensure that pre—and post—deployment screening includes an assessment of tinnitus, to help ensure a soldier's safety while in the field and to assess the extent to which a soldier may have tinnitus as a result of their exposure to blast or other high noise levels.

Mr. Chairman, my legislation also would ensure that tinnitus will be recognized as a mandatory condition for research and treatment by the Department of Veterans Affairs Auditory Research Centers of Excellence. Recent studies strongly suggest a direct link between tinnitus and both Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). For this reason, improved understanding of the neurological mechanisms that trigger tinnitus and research into its treatment may also directly advance other ongoing research efforts to address the equally serious challenges of PTSD and TBI treatment.

We now know that tinnitus is a condition of the auditory system, not a 'disease' of the ear. Existing therapies may help mitigate the effects of tinnitus for some patients, but the extent of relief afforded to patients with tinnitus varies greatly. In short, they do not work for all individuals, and they do not cure tinnitus.

Scientific research into tinnitus has made some dramatic advances over the last decade, but we still have a long way to go to improve prevention and treatment for tinnitus, in order to help the millions of American veterans who experience tinnitus as a chronic, ongoing condition and hopefully, to find a cure for this debilitating condition. I thank the Committee for its time and consideration.

I would like to take this time to thank the staff Members of the Health Subcommittee who lent their expertise during the drafting of these bills, and I thank Chairman Michaud and Ranking Member Brown for the opportunity to advance this two important pieces of legislation. This concludes my testimony.

Prepared Statement of Joseph L. Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, American Legion

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity for The American Legion to present its views on the broad list of veterans' legislation being considered by this Committee. The American Legion commends this Committee for holding a hearing to discuss these very important and timely issues.

H.R. 1017, Chiropractic Care Available to All Veterans Act

The purpose of this bill is to direct the Secretary of Veterans Affairs to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs (VA) Medical Centers and to expand access to such care and services.

The American Legion supports this bill as it is an enhancement of an existing benefit provided to veterans.

H.R. 1036, Veterans Physical Therapy Services Improvement Act of 2009

The purpose of this bill is to establish a Director of Physical Therapy Services within VA to ensure these programs have effective oversight and management.

Previously, The American Legion expressed a position supporting the establishment of a Director of Physician Assistant within VA to ensure efficient utilization of the programs and initiatives relating to this field.

The American Legion continues to support the intent of this bill.

H.R. 2504, Increase in Amount Authorized to be Appropriated for Comprehensive Service Programs for Homeless Veterans

Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) sites continue to report increases in the number of homeless veterans with families (i.e. dependent children) being served by their programs. CHALENG

reports that 118 sites (85 percent of all sites) have seen a total of 1,282 homeless veteran families. This was a 24-percent increase over last year's 1,038 homeless veteran families. Homeless veteran service providers recognize that they will have to accommodate the needs of the changing homeless veteran population, which include the increasing numbers of women veterans and veterans with dependents. This bill would increase the funding going to homeless veterans programs that are desperately needed. These programs will assist the homeless veteran community with their rehabilitation, recovery, health, and community integration.

The American Legion fully supports this bill.

H.R. 2559, Help Our Homeless Veterans Act

This bill would direct the Secretary of Veteran Affairs to carry out a national media campaign directed at homeless veterans and veterans at risk of becoming homeless.

This bill would provide outreach to our homeless veterans and those who are at high risk of becoming homeless. This bill would also place a special emphasis on a special subgroup of veterans: women veterans. The number of homeless women veterans has doubled in the past decade, up from 3 percent to 5 percent according to the VA. This increase of women veterans is due to their exposure to combat related situations. With the continuance of the wars in Iraq and Afghanistan, it is widely known that psychological illnesses, such as Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other mental illnesses play a significant role in pushing a certain population of veterans into homelessness. With the enactment of H.R. 2559, these veterans will be targeted and given the proper information that will help them either avoid homelessness or assist them in readjusting from chronic homelessness.

The American Legion supports this bill.

H.R. 2735, Availability of Grant Funds to Service Centers for Personnel

This bill seeks to provide a Service Center for homeless veterans that could be used to provide funding for staffing in order to meet the service availability. This Service Center is essential in providing outreach to the community and will play an integral part in serving the many needs of homeless veterans. This bill seeks to amend section 2012 of title 38, United States Code (U.S.C.) by allowing a Grant and Per Diem award to be considered as matching funds for other grants for which organizations that provide assistance to homeless veterans, may be eligible for. This award will match, in combination with other payments for which they are eligible. Last, this bill will provide the maximum amount of financing to organizations that are on the frontlines of assisting our most vulnerable veterans.

The American Legion supports this important piece of legislation.

H.R. 3073, Grant Program to Provide Assistance to Veterans at Risk of Becoming Homeless

This bill seeks to establish a grant program to provide assistance to veterans who are at risk of becoming homeless. This grant program would fill a tremendous need for veterans who are looking for assistance before their situations worsen. Approximately 3,000 homeless veterans from Iraq and Afghanistan have been treated at VA Medical Centers. This bill could help veterans and their families to avoid the extraordinary stresses and damages that occur when they become homeless. It could take several years for a veteran to get back on his/her feet and properly reintegrate back into the community. However, this legislation could assist veterans with funds to fill a temporary financial need. With VA and other homeless care service providers continuing to focus on the various needs (i.e., health issues, economic issues, lack of safe, affordable housing, and lack of family and social support networks) of homeless veterans, and the enactment of this legislation, The American Legion believes that homelessness rates will continue to drop among the veteran community. It is vital that homeless veterans receive the care and treatment they so deserve.

The American Legion fully supports this bill.

H.R. 3441, Automatic Enrollment of Veterans Returning from Combat Zones into the VA Medical System

The purpose of this bill is to amend title 38, U.S.C., relating to the automatic enrollment of honorably discharged combat veterans. This bill proposes to do so by enrolling veterans automatically with the VA and providing them with an ID card and full access to the VA medical facilities within their respective geographical areas.

The American Legion recently passed Resolution No. 29, "Improvements to Implement a Seamless Transition," which recognized the gaps in services and has consistently advocated improvements be made to the transition process. H.R. 3441 will assist in assuring veterans are provided with the immediate use of VA facilities, creating a seamless transition from Department of Defense (DoD) to the VA system. The American Legion has noted servicemembers and their families are easily overwhelmed when dealing with the bureaucracy of multiple departments, but with the passage of H.R. 3441, servicemembers and veterans will be provided with timely, accessible care within VA.

H.R. 3441 also provides the servicemember an option to not seek VA enrollment at the time of discharge and The American Legion is concerned that servicemembers may reject enrollment and perhaps slip through the cracks during and after their transition from DoD to the VA system.

The American Legion fully supports H.R. 3441 and its efforts to improve coordination between DoD and VA during the seamless transition process of wounded servicemembers and veterans.

Draft Discussions on Homelessness Among Veterans

This bill seeks to amend title 38, U.S.C., to improve per diem grants payments for organizations assisting homeless veterans.

This bill would increase the current rate of $33 per bed to $60 per bed to assist in the care and treatment of homeless veterans. The homeless veteran needs counseling, health care, job training, and affordable housing in order to properly reintegrate into the community. This increase in funding will allow the homeless care providers to better serve these homeless so they can become physically, emotionally, and financially capable of sustaining themselves.

The American Legion supports this bill.

Draft Discussions on Graduate Psychology Education Transfer of Funds to Secretary of Health and Human Services for Graduate Psychology Education Program

The purpose of this bill is to transfer $5 million from accounts of the Veterans Health Administration (VHA) to the Secretary of the Department of Health and Human Services for graduate psychology education program. This bill supports the training of psychologists in the treatment of veterans with PTSD, TBI and other combat-related disorders and gives preference to VA health care facilities and graduate programs affiliated with the VA.

The American Legion approved Resolution No. 150, "The American Legion Policy on Department of Veterans Affairs Mental Health Services," which urges Congress to annually appropriate sufficient funds to VA to ensure comprehensive mental health services are available to veterans. The American Legion believes funding must be appropriated to treat the invisible wounds of war.

The American Legion has supported VA's strong commitment to Medical and Nursing School Affiliations to recruit and retain high quality medical specialists. However, we do not have an official position on an affinity relationship between the training of VA psychologists through the Department of Health and Human Services.

GPD Surplus Fix Draft Bill

This draft bill would amend title 38, U.S.C., to direct the Secretary of Veteran Affairs to eliminate the required reduction in the amount of per diem payments provided to entities furnishing services to homeless veterans to account for other sources of income.

This bill would allow homeless care providers who may end up with some surplus at the end of the fiscal year, due to receiving other sources of income, the authorization to keep this surplus. This would allow these homeless care providers to use these leftover moneys for continued services for their homeless veteran population in the upcoming fiscal year.

The American Legion supports this bill.

HUD–VASH Draft Bill

This draft bill seeks to reform and expand the Veteran Affairs Supportive Housing Program carried out by the Department of Housing and Urban Development and the Department of Veteran Affairs.

Homeless veteran service providers recognized that they will have to accommodate the needs of the changing homeless veteran population, including increasing numbers of women and veterans with dependents. Access to family housing through the distribution of the thousands of new section eight vouchers that have been made available through the Housing and Urban Development—Veterans Affairs Supported Housing (HUD–VASH) program, which offers an important new resource allowing VA staff to assist the veteran and their family. HUD–VASH program was established in 1992, where HUD and housing and VA provided case management to homeless veterans. VA's services are designed to improve the veteran's physical and mental health, and enhance the veteran's ability to live in safe and affordable permanent housing in the community of his/her choosing. Less than 1,000 units were available in 2006. Public Law 110–161, enacted December 26, 2007, provided funding for 10,000 new vouchers for homeless veterans and their families. In March 2009, Congress funded an additional 10,000 vouchers. This legislation would help ensure that more homeless veterans receive permanent housing through the supportive housing program and provide more training for HUD and VA personnel to improve the effectiveness of the program. In addition, this bill instructs VA to outreach to landlords to encourage and facilitate participation in this program. With the reform and expansion of HUD–VASH, homeless veterans will be able to continue on their path to health, fulfillment and reintegration back into mainstream society.

The American Legion fully supports this legislation.

Thank you again, Mr. Chairman for allowing The American Legion this opportunity to present its views on the aforementioned issues. We look forward to working with the Committee to help increase and improve access to quality care for our Nation's veterans.

Prepared Statement of Justin Brown,
Legislative Associate, National Legislative Service,
Veterans of Foreign Wars of the United States

Mr. Chairman and Members of this Subcommittee:

On behalf of the 2.2 million members of the Veterans of Foreign Wars of the United States and our Auxiliaries, I would like to thank this Committee for the opportunity to testify. The issues under consideration today are of great importance to our members and the entire veteran population.

As we speak, more than 131,000 homeless veterans are walking the streets of the country they fought so bravely to defend. A great number of these men and women are likely walking these streets due to injuries, physical or mental, resulting from their service to their country.

There is no one causative factor for homelessness but there are many aggravators. Substance abuse, lack of familial ties, physical and mental health issues, lack of access to affordable housing, lack of employment and other issues can all eventually lead a person to being either temporarily or chronically homeless. We must consider these factors and be proactive in consideration of homeless policy now and into the future.

The most recent monthly survey from the Bureau of Labor Statistics highlighted the dire situation facing America's newest veterans. There are only 9,000 fewer unemployed post-9/11 servicemembers in the United States than there are servicemembers in Iraq and Afghanistan (185,000 unemployed compared to 194,000 in OEF & OIF). Unemployment combined with high rates of mental health and physical injuries due to multiple deployments is a recipe for disaster. If we are not proactive in our approach to solving homelessness, all of the aggravating factors will combine to leave many thousands of my era of veteran homeless. We must act immediately to alleviate the problem before it explodes.

President Obama addressed us at our national Convention last month. He stated "I've directed Secretary Shinseki to focus on a top priority—reducing homelessness among veterans. After serving their country, no veteran should be sleeping on the streets. No veteran. We should have zero tolerance for that."

We have full faith that this administration, and this Congress, will fully address this issue, today and not tomorrow, by eradicating homelessness for America's heroes of past, current, and future wars—forever.

H.R. 1017, ***to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and Title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department***

of Veterans Affairs medical centers and to expand access to such care and services.

The VFW supports this legislation that would provide veterans with direct access to chiropractic health care. Currently, chiropractic care is rarely, if ever, offered to veterans with injuries that would likely receive such referrals from private medical facilities. In many instances, veterans are paying for chiropractic care from service-related injuries out of their own pocket.

This important legislation would require 75 VA medical centers to provide such services no later than December 31, 2010, and at all VA medical centers by no later than December 31, 2012. We believe this legislation to be of great importance in consideration of the various injuries veterans have received and the known benefits for chiropractic care.

H.R. 1036, ***to amend title 38, United States Code, to establish the position of Director of Physical Therapy Service within the Veterans Health Administration and to establish a fellowship program for physical therapists in the areas of geriatrics, amputee rehabilitation, polytrauma care, and rehabilitation research***.

The VFW strongly supports H.R. 1036. This important legislation would create a Director of Physical Therapy Service within the VHA. Also, of great importance, this legislation would create a fellowship program for physical therapists in the areas of geriatrics, amputee rehabilitation, polytrauma, and rehabilitation research. Increasing the physical therapy programs at the VA will enhance the health care for all generations of injured veterans. Injured servicemembers returning from Iraq and Afghanistan often rely on the special and unique services provided by physical therapists to rehabilitate from minor or catastrophic injuries. Physical therapists also help the aging population of veterans with new or enhanced disabilities that result with age. Therefore, the VFW sees the value in the VA enhancing these services to better serve their customers.

H.R. 2504, ***to amend title 38, United States Code, to provide for an increase in the annual amount authorized to be appropriated to the Secretary of Veterans Affairs to carry out comprehensive service programs for homeless veterans***.

The VFW is in strong support of H.R. 2504. This important legislation would increase VA funding to carry out crucial service programs for homeless veterans. H.R. 2504 would expand funding to services such as case management, education opportunities, crisis intervention, counseling, job training, etc. This important bill would assist our homeless veterans in returning to the job force and would restore order and hope to their lives.

H.R. 2559, ***to direct the Secretary of Veterans Affairs to carry out a national media campaign directed at homeless veterans and veterans at risk for becoming homeless***.

The VFW strongly supports H.R. 2559. This important proactive legislation would work to advise homeless veterans, and veterans at risk of homelessness, of available benefits and services. The VFW believes that no veteran should be homeless in the streets of the country they fought so valiantly for. However, in too many instances veterans are unaware of benefits and services available to them. This legislation would create an outreach campaign aimed at addressing these very veterans.

H.R. 2735, ***to amend title 38, United States Code, to make certain improvements to the comprehensive service programs for homeless veterans***.

The VFW strongly supports H.R. 2735. This important legislation would change the Grant and Per Diem Program from a daily care cost payment system to one based on the annual cost of the services provided to homeless veterans. These annual costs would be distributed by the VA Secretary based on predicted changes in the cost of care and the cost of care by geographic regions. When distributing this funding, the VA Secretary would also take into account other sources of income to these centers such as payments from other departments or agencies of the United States, payments from State or local governments, or payments from private entities or organizations. H.R. 2735 would also make grant funds available to pay for the personnel and staff of homeless veteran service centers. Such grant funds would make it easier for service centers to meet the service availability requirements and help these centers provide the help and care that our homeless veterans desperately need.

H.R. 3073, ***to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish a grant program to provide assistance to veterans who are at risk of becoming homeless***.

The VFW is in strong support of this important legislation, which would provide funding to public entities and to non-profit organizations to help veterans who are in imminent danger of becoming homeless. These organizations would be able to

make utility, rent and mortgage payments as well as security deposits on behalf of the eligible veterans for up to 3 months. H.R. 3073 would also ensure that the eligible veteran is receiving further services such as job training and counseling to prevent homelessness.

H.R. 3441, ***to provide for automatic enrollment of veterans returning from combat zones into the VA medical system, and for other purposes***.

The VFW currently has no formal position on this legislation.

H.R. _____, ***to direct the Secretary of Veterans Affairs to transfer funds to the Secretary of Health and Human Services for a graduate psychology education program***.

The VFW strongly supports this important legislation that would increase funding for the Graduate Psychology Education program under the purview of Health and Human Services. The need for mental health services continues to grow as the wars in Iraq and Afghanistan continue. Recent reports issued by GAO, the DoD Mental Health Task Force, the Institute of Medicine, and others, have identified shortages of trained mental health providers. This important legislation would begin to address this shortfall by increasing the numbers of trained mental health counselors.

H.R. _____, ***to amend title 38, United States Code, to improve per diem grant payments for organizations assisting homeless veterans***.

The VFW supports this important legislation that establishes an increased rate at which crucial per diem payments are made to organizations that assist homeless veterans. Such rates would equal the daily cost as estimated by the grant recipient or $60 per bed. This legislation also provides an organized and detailed priority list for those organizations assisting our Nation's homeless veteran population. This new priority list allows smaller non-profit organizations to receive 25% of the supportive services for homeless veterans funding. Currently, these organizations are deemed ineligible and receive no funding yet they still provide crucial care to our homeless veterans. This legislation would provide funding to these organizations so that they can continue to provide America's homeless servicemembers the help they need. The 25% funding to these smaller non-profit organizations would be distributed by the Secretary and priority would be given to the organizations meeting the most supportive services requirements of the current law.

H.R. _____, ***to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to eliminate the required reduction in the amount of per diem payments provided to entities furnishing services to homeless veterans to account for other sources of income, and for other purposes***.

The VFW currently has no formal position on this legislation.

H.R. _____, ***to reform and expand the Veterans Affairs Supportive Housing Program carried out by the Department of Housing and Urban Development and the Department of Veterans Affairs***.

The VFW currently has no formal position on this legislation.

As America's largest group representing combat veterans, we thank you for allowing the Veterans of Foreign Wars to present its views on these bills.

Mr. Chairman, this concludes my testimony and I will be pleased to respond to any questions you or the Members of this Subcommittee may have. Thank you.

Prepared Statement of Richard F. Weidman,
Executive Director for Policy and Government Affairs,
Vietnam Veterans of America

Good morning, Congressman Michaud, Congressman Miller, and other Members of this distinguished Subcommittee. Vietnam Veterans of America appreciates this opportunity to offer our comments about several very significant pieces of legislation up for consideration by this Subcommittee today. Let me give our assessment of them in order.

H.R. 1017, the Chiropractic Care Available to All Veterans Act. This bill would require the provision of chiropractic care and services to veterans at no fewer than 75 VA medical centers and would expand access to such care and services.

While VVA supports the enactment of this bill, we would suggest that this body consider looking into other alternative health care options that have shown varying degrees of effectiveness. These might include acupuncture, yoga, and ancient healing arts (such as ayurveda) and meditation/ relaxation techniques (such as qu gong) from India and China. These might include as well such modern relaxation techniques as biofeedback, which has proven successful in treating fibromyalgia, hypertension and certain heart conditions, and even traumatic brain injuries (TBI).

H.R. 1036, the Veterans Physical Therapy Services Improvement Act. This bill would establish the position of Director of Physical Therapy Service, as well as degree and license requirements for appointments to a physical therapist position. Additionally, this bill would establish VA Geriatric, Amputee, Polytrauma, and Rehabilitation Research Fellowships Program to assist in the recruitment of qualified physical therapists specializing in these areas.

VVA enthusiastically endorses this bill. VVA has long advocated that the Department of Veterans Affairs must offer "veteran-centric" health care that takes cognizance of the special health issues that afflict veterans far more than the civilian populace. We believe that, if enacted and properly staffed, it will add expertise in critical areas of health care treatment that are veteran-centric.

H.R. 3441 would provide for automatic enrollment into the VA medical system for veterans returning from combat zones.

For years, we have been hearing about the "seamless transition" of veterans from their branch of service to the VA, and specifically concerning their medical/health records. In reality, the transition has been anything but seamless, although there is a light at the end of the tunnel. Enactment of H.R. 3441 might bring us closer to the end of the tunnel.

However, the provision in this bill permitting a veteran to "disenroll" can potentially impact that veteran if, at some point in the future, s/he develops a health condition that derives from their time in service, e.g., from exposure to a toxic substance, for instance; or if that veteran, because of economic circumstances, needs to enroll in the VA health care system. We would suggest that counsel insert provisions into this bill to ensure that such a scenario could not happen should H.R. 3441 become the law of the land.

Draft legislation that would direct the Secretary of Veterans Affairs to transfer funds to the Secretary of Health and Human Services for a graduate psychology education program.

On the surface, VVA would have no objections to such legislation. VVA first proposed "PTSD Scholarships" for Vietnam combat veterans in 1982. It was a good idea then, and it is a good idea for the young people returning from OIF/OEF today. However, we would suggest that it add provisions that would ensure that any student who benefits from such a program "owe" the VA a set number of years of service, much like the program(s) in the military in which a branch of service will pay for the training of a nurse or a lawyer in return for 4 or 5 years of service.

The next several bills address the persistent problem of homelessness among veterans.

H.R. 2504 would provide for an increase in the authorization from $150 million to $200 million to be appropriated for comprehensive service programs (Grant and Per Diem Program) for homeless veterans.

In testimony in April 2008, VVA recommended that Congress go above the authorizing level for the Homeless Grant and Per Diem program and fund the program at $200 million and not the $150 million authorized. This bill, if enacted, would fulfill that recommendation and would, we believe, help provide services to our veterans who are without homes.

H.R. 2559, the Help Our Homeless Veterans Act. This bill would direct the Secretary of Veterans Affairs to carry out a national media campaign aimed at homeless veterans and veterans at risk of becoming homeless, with special emphasis on women veterans.

The VA has both a legal responsibility and an ethical obligation to reach out to all veterans and their families to inform them of the benefits to which they are entitled. While providing VA medical centers with booklets and pamphlets is fine, these do little good if they do not get into the hands of the very poor who do not use the system, the "middle class" who use private physicians and who may be living from paycheck to paycheck, and some who, for so many reasons, either choose to or are forced to dissociate from society.

To reach these folks, the VA has had no real strategic plan. In fact, VA outreach to those who do not use VA facilities is negligible, and has been for a long, long time.

So, a strategic plan, aided perhaps by the Ad Council with input from the veterans' service organizations, needs first to be well thought out, and then implemented. How much such an outreach effort will cost will be dependant on the media (TV and radio, billboards, electronic media) that are used. Part of such an outreach effort ought to include a "help line" modeled after the VA's suicide hot line.

We would offer, too, that a plan that targets the homeless, or those at risk of incipient homelessness, ought to be part of a larger, more inclusive VA outreach strategy that informs veterans of the benefits they have earned by virtue of their mili-

tary service, and that informs veterans of any health conditions that might derive from their time, and place, in service.

We maintain as well that there needs to be a separate line for "outreach" in the VA budget, including separate lines for outreach in the budgets of the various entities of the VA.

H.R. 2735 would make certain improvements to the comprehensive service programs for homeless veterans, to include: Creating a separate grant fund for service center personnel; changing the rate of payment from a per diem daily cost of care to an annual cost of providing services, allowing the VA to increase the rate of payment to reflect the cost of providing services; and allowing providers to use per diem funds to match other funding sources.

One of the frontline outreach programs funded by the VA is Day Service Centers, sometimes referred to as Drop In Centers. These centers reach deep into the homeless veteran population that are still on the streets and in the shelters of our cities and towns. These centers receive rates based on an hourly calculation per diem ($4.30) for the time that a homeless veteran is actually on site in the center. While this amount may cover the cost of the coffee and food, it does not come close to covering the cost of the professional staff that must provide the assistance the veterans need long after they leave the facility.

Why should there be separate facilities to service veterans who are homeless? The reality is that most city and municipality social services simply do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans. Hence, homeless veterans' service centers are vital in any effort to get homeless veterans off the streets and into programs that they need to conquer homelessness and give them a fighting chance of integrating back into society.

Why not create "Service Center Staffing/Operational" grants, much like the VA "Special Needs" grants already in existence? VVA supports establishing Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees, which we would hope enactment of H.R. 2735 might accomplish.

H.R. 3073 would direct the Secretary of Veterans Affairs to establish and fund at $100 million for each of fiscal years 2011, 2012, and 2013 a grant program to provide assistance to veterans at risk of becoming homeless. The program would provide funding to public entities and private non-profit organizations to make payments for up to 3 months to an eligible veteran's landlord, mortgage company, or utility company for amounts of rent, mortgage, or utility bills that are in arrears, as well as security deposits for rental properties. The programs also would provide supportive services, including job training and mental health and substance abuse treatment, to prevent these veterans from becoming homeless.

Such a program is no long-term solution. If enacted into law and properly translated from concept to reality, it could help stanch the descent of hundreds if not thousands of low-income veterans who, in this uncertain economy, are in fact in imminent danger of eviction or foreclosure and at risk of becoming homeless.

Draft Legislation to improve per diem payments for organizations assisting homeless veterans.

VVA has long contended that VA Homeless Grant and Per Diem funding must be considered a payment rather than a reimbursement for expenses, an important distinction that will enable the community-based organizations that deliver the majority of these services to operate more effectively.

We have wondered why this funding has not been considered a "fee-for-service" instead of a reimbursement. Such a change would pay existing and future grant awardees in a per diem program as contractors, much like that of the past programs. However now there would be a process for defined oversight in regard to annual inspections, services offered, and goals attained.

The amount of work and the staff time required to accommodate the current system for grant and per diem programs is a drain not only on staff time but, in many instances, on the fiscal solvency of an agency receiving such funding.

A key element in this bill notes that 25 percent of funds available for per diem grant payments would go to entities that must do more than just provide "three hots and a cot." They must offer "transitional and supportive services" as prescribed by the Secretary of Veterans Affairs. VVA would suggest that far more than 25 percent of available funds ought to go to agencies that provide such services. The danger is that cities and towns and counties that provide shelters for their homeless populations will wind up competing with agencies that are actively working to bring services and assistance to veterans with the goal of successful community reintegration.

VVA would also add that an important per diem funding issue be added to this bill that addresses funding to an existing program for the expansion of its original program. In the past, some successful VA residential programs for homeless vet-

erans identified a need for increased bed space based on the number of veterans requesting admission. These programs requested additional beds under a "per diem only," or PDO, grant process and were awarded funds to increase their overall program beds.

However, because the original grant and the PDO grant were awarded at different times they have separate "project numbers," even though both grants were for the same program with the same expenses. Hence, they are required to divide out by percentage the number of beds, and the per diem rates, under each project number in the required reporting to the VA. And everything related to the program has to be divided by percentages and every veteran who changes bedrooms has to be tracked by project number in applying for every month's per diem reimbursement request. This is a bookkeeping nightmare. It can be alleviated, and some trees can be saved in the process, if the system insists on a single project number rather than the two it now requires.

Draft Bill, The End Veteran Homelessness Act. This bill would reform and expand the VA's Supportive Housing Program carried out in concert with the Department of Housing and Urban Development (HUD).

VVA applauds the Senate Appropriations Committee for having funded $75,000,000 for the HUD–VASH Program in Public Law 110–161. There is, however, a gap in HUD–VASH and the veterans eligible to receive the vouchers. This gap is hurting homeless veterans who need the most intensive intervention to help deal with the conditions that have rendered them homeless. Though HUD–VASH and the case management provided by the VA are significant, in far too many instances they are not intensive enough for those homeless veterans with severe mental health illnesses. Many of these veterans do not meet the criteria for Mental Health Intensive Case Management (MHICM) through the VA because they have not had multiple admissions to mental health facilities; they do not meet the criteria of HUD–VASH because they need such intensive case management. Hence, they are left with few, if any, chances or opportunities for independent living.

VVA certainly supports continued, and increased, funding for the existing HUD/VASH voucher program. This program is critical if we as a nation are to significantly reduce, if not necessarily eliminating, homelessness among our Nation's veterans. Oversight of the HUD/VASH program will prove to be an invaluable tool in the continuance and expansion of this program.

Oversight is necessary to ensure that these vouchers, and any additional vouchers, will be administered, distributed, and utilized to the fullest extent possible. By tracking the outcomes of the current HUD/VASH voucher program, a full annual evaluation of their effectiveness will, we believe, illustrate the effectiveness of the program, and the need for additional vouchers.

This concludes my testimony Mr. Chairman. I will be pleased to answer any questions you may have at this time.

Prepared Statement of Blake C. Ortner, Senior Associate Legislative Director, Paralyzed Veterans of America

Chairman Michaud and Members of the Subcommittee, on behalf of Paralyzed Veterans of America (PVA), I would like to thank you for the opportunity to present PVA's position on the legislation pending before the Subcommittee, as well as four draft bills you are preparing.

PVA has always been a strong supporter of helping homeless veterans. As has been stated many times, the VA estimates that nearly 200,000 veterans are homeless on any given night, and that approximately 400,000 veterans experience homelessness in a year. While these numbers are lower than they have been reported in the past, this is clearly a massive problem that the VA, veterans service organizations, homeless providers, and similarly interested parties, have all tried to help overcome. This is a tragedy that continues to plague our Nation. PVA believes that the legislation discussed here today may help to continue to reduce these unfortunate numbers.

H.R. 2504

PVA strongly supports H.R. 2504, to provide for an increase in the annual amount authorized the Secretary of Veterans Affairs to carry out homeless veterans programs from $150 million to $200 million. With large numbers of veterans still on the streets at night, and the troubled economy increasing the risk for more people becoming homeless, not just veterans, this increase will provide much needed funds to continue the reduction of homelessness. But we ask that the members work with

the appropriators to ensure this funding is made available or it simply becomes an empty gesture.

H.R. 2559, the "Help Our Homeless Veterans Act"

PVA strongly supports H.R. 2559, the "Help Our Homeless Veterans Act." Outreach is critical to reducing homelessness. We are particularly pleased that the legislation not only targets veterans who are homeless, but those who are at risk of becoming homeless with a special emphasis on our women veterans who face so many additional dangers on the street. To be effective, this program should use a wide variety of techniques including billboards and outdoor advertising in locations that the homeless may frequent. It should also include use of the Internet. While the homeless and those at risk may not have access to the Internet, friends and family may. Providing this information will inform them of programs that they may be able to use to steer their friends and loved ones toward getting the help they need.

H.R. 2735

PVA supports H.R. 2735, a bill that will make improvements to the comprehensive programs for homeless veterans. However, we do have some concerns about the long-term effects of the legislation. PVA has always supported the idea of comprehensive care for homeless veterans. Seldom is there one issue that leads veterans to become homeless. Additionally, often homeless veterans reside in urban areas where the cost of living is very high and there are limited opportunities for help. Section two of H.R. 2735 allows the Secretary of Veterans Affairs to increase the rates of payment to reflect anticipated changes in the cost of services and takes into account the cost of providing these services in particular geographic areas.

While we welcome this consideration, PVA is concerned about the long-term effects of this legislation on VA homeless program funding. By adjusting the payments for geographic areas, which we believe is aimed at providing greater funding to high cost localities, this may actually reduce the total number of homeless veterans that can be served if future increases in overall program funding are insufficient. While the argument could be made that "reductions" in funding for low cost areas may offset increases to high cost areas, the funding levels provided for homeless programs are seldom sufficient to provide for all the veterans who may need to take advantage of these critical services.

Discussion Draft of legislation to improve per diem grant payments for organizations assisting homeless veterans

Discussion Draft of legislation to direct the Secretary of VA to eliminate the required reduction of per diem payments due to other sources of income

In conjunction with H.R. 2735 are the discussion drafts of legislation to improve per diem grant payments for organizations assisting homeless veterans and to eliminate the required reduction of per diem payments provided to entities furnishing services due to other sources of income. The first bill would set the per diem rate at an amount equal to the greater of the daily cost of care or a fixed per diem rate of $60. This legislation would have the advantage of setting a "floor" and allow for planning by homeless veteran providers. PVA supports this idea, however, is concerned about other aspects of the draft.

The legislation proposes that the Secretary of VA ensure that 25 percent of funds available for payments shall be made available for grant recipients or eligible entities which "furnish services to homeless individuals, of which less than 75 percent are veterans." PVA understands this to mean that an entity which provides services to the homeless, and only 1 percent, or for that matter 0 percent, of those receiving services are veterans, will get funding from the VA. While we understand that there are homeless providers that may serve a minimal number of veterans, VA funding should be targeted toward veterans' providers who provide for veterans.

The second bill would eliminate the reduction in the amount of per diem payments to entities furnishing services to homeless veterans to account for other sources of income. PVA has consistently opposed these reductions and supports this legislation. In June 2007, PVA testified in favor of H.R. 2699 which also would have done away with the offset of per diem payments against other sources of income for homeless veterans' service providers. It makes no sense to take away resources from an entity that devotes its time and resources to overcoming a significant problem among the veterans population. Homeless service providers need to be able to take

advantage of every resource available to them in order to successfully assist at risk veterans.

H.R. 3073

PVA welcomes H.R. 3073, which directs the Secretary of Veterans Affairs to establish a grant program to assist veterans at risk of becoming homeless. With few exceptions, veterans do not suddenly become homeless. It is often a long path that leads to the tragedy of homelessness. H.R. 3073 may go a long way toward interceding in this cycle and we sincerely thank Mr. Nye for introducing this forward thinking legislation. We are particularly pleased that as part of the legislation, one of the requirements to receive the grant includes ensuring that at the onset of providing assistance, the veteran is receiving the supportive services that may prevent homelessness. Of particular note is that this includes job training and substance abuse treatment. It is much easier to prevent a veteran from becoming homeless than it is to return them to normalcy after they are on the streets.

Discussion Draft of legislation to reform and expand VA Supportive Housing Program carried out by HUD

PVA also welcomes the discussion draft legislation to reform and expand the VA Supportive Housing Program carried out by the Department of Housing and Urban Development and VA. As with H.R. 3073, programs that can help keep or return a homeless veteran to housing set the stage for providing the other programs to support the homeless veteran. Providing housing voucher assistance to the chronically homeless veteran can be the first step to recovery.

Often one of the greatest challenges the homeless have is a stable address at which they can be contacted for benefits, follow-up or even to place on a job application or bank account. This legislation may provide that important first step for a veteran to end their cycle of homelessness. This legislation, just as with H.R. 3073, requires the veteran receiving the voucher to agree to continued treatment for the conditions that may have led to their homelessness. This may start them on the path to employment, permanent residency and a significantly increased quality of life.

PVA also is glad to see a program of training and technical assistance included in the legislation. Educating medical center case management workers on inspections and lease processes can both make these caseworkers more effective and build the critical partnerships between those who provide homeless services.

PVA does have one concern. The draft calls for a specific set-aside for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans. Though we understand the serious desire of Congress to help our most recent veterans, the scourge of homelessness is so serious that to potentially limit resources for non OEF/OIF veterans is a mistake. All our homeless veterans should have an equal chance at any help that may be available.

H.R. 1017, the "Chiropractic Care Available to All Veterans Act"

PVA supports the provisions of H.R. 1017, the "Chiropractic Care Available to All Veterans Act." Chiropractic care has become a widely accepted and used medical treatment. It is a treatment covered by TRICARE and it is only appropriate that it should be provided at VA facilities. But it is also important for the Subcommittee to recognize that by providing this treatment benefit to veterans, it will entail a new type of care which is currently not considered in funding. When new treatments are authorized at VA facilities, they must be considered when determining VA appropriations to prevent those becoming unfunded mandates.

H.R. 1036, the "Veterans Physical Therapy Services Improvement Act of 2009"

PVA strongly supports H.R. 1036, the "Veterans Physical Therapy Services Improvement Act of 2009" and we thank Ms. Herseth Sandlin for introducing this legislation. As the wars in Afghanistan and Iraq continue, more and more veterans of the War on Terrorism are in need of physical therapy. As the language of the legislation indicates, the aging veteran population is also increasing the need for these services. Creating a Director of Physical Therapy Service position will provide the Secretary with someone to oversee and guide this increasingly important program. In addition, dictating the qualifications for appointment of physical therapists will help ensure the quality of the physical therapists hired by VA.

PVA is also supportive of creating a fellowship program for physical therapists in the areas of geriatrics, amputee rehabilitation, particularly for our returning Afghanistan and Iraq war veterans, and polytrauma and rehabilitation research. With the coming potential critical shortage of these care professionals, efforts must be made now to recruit and retain these needed specialists.

H.R. 3441

PVA supports H.R. 3441, to provide for automatic enrollment of veterans returning from combat zones into the VA medical system. During the hectic activities of discharge, many military members leaving active duty may not consider the importance of enrolling in the VA. They may not think it is important if they have already identified employment that will provide health care benefits. Automatic enrollment, with the option not to enroll, is a benefit that should be afforded to these heroes as they leave service to this nation.

Absent from the legislation is a clear consideration for our mobilized National Guard and Reservists as they are demobilized from wartime service. The period when a member of the Reserves demobilizes is an extremely hectic time when the main thought of the servicemember is to get back home to their family. They are no less deserving of automatic enrollment and it may be even more important as they do not have the long period of preparation often afforded to those being discharged from active service. We would ask that the Subcommittee consider including this in the legislation.

Draft of legislation to transfer funds from VA to the Secretary of Health and Human Services for a graduate education program

PVA does not support the draft legislation from Chairman Michaud to transfer funds from VA to the Secretary of Health and Human Services (HHS) for a graduate education program as it is currently written. PVA recognizes the value of transferring funds to HHS due to their established programs for graduate education, but we do not believe in this time of tight budget allocations that VA should be transferring funds to another agency without a better guaranteed benefit for VA. The provision that when awarding grants the Secretary of HHS is only required to give a "preference" to health care facilities of the VA, when these funds are coming from VA, seems beyond comprehension. We would sincerely hope that only in the event VA did not apply for the grant would it be awarded to a non-VA program or facility.

PVA appreciates the opportunity to comment on the bills being considered by the Subcommittee. We look forward to working with you to further improve the health care services available to veterans, in particular homeless veterans and those at risk of becoming homeless. I would be happy to answer any questions that you might have. Thank you.

Prepared Statement of Peter H. Dougherty Director, Homeless Veterans Programs, Office of Public and Intergovernmental Affairs, U.S. Department of Veterans Affairs

Good morning, Mr. Chairman, and Members of the Subcommittee.

Thank you for inviting me here today to present views on several bills that would affect Department of Veterans Affairs (VA) programs of benefits and services. Joining me today are Jane Clare Joyner, Deputy Assistant General Counsel, and Paul E. Smits, Associate Chief Consultant, Homeless and Residential Rehabilitation and Treatment Programs, veterans Health Administration. We appreciate the opportunity to address four bills that would affect the Department's programs for homeless veterans. Unfortunately, we did not receive H.R. 1017, H.R. 1036, H.R. 3441, or two draft bills in time to provide our views and costs. We will forward these as soon as they are available.

H.R. 2504—"To Increase the Amount Authorized to Be Appropriated for Comprehensive Service Programs for Homeless Veterans"

H.R. 2504 would amend 38 U.S.C. 2013 to raise the authorized amount to be appropriated from $150,000,000 to $200,000,000 beginning in FY 2010 and each fiscal year thereafter.

VA supports H.R. 2504 in principle but has concerns about the proposed annual authorization level. 38 U.S.C. 2013 currently authorizes an appropriation up to $150,000,000 for the Grant-and-Per-Diem (GPD) program. The Administration and

the Department have a goal of ending homelessness among our Nation's veterans within 5 years. To achieve this goal, VA will assist every eligible homeless veteran willing to accept services. We will help them acquire safe housing and obtain needed treatment, services, and benefits assistance, while also providing opportunities to return to employment. VA's plan includes education, job training, substance abuse and mental health care, and an assortment of other benefits. It will require close partnership with Federal and State agencies, local, non-profit and private groups; outreach and education to veterans, people and organizations providing services to veterans, and the general public; universal and targeted prevention; treatment focused on recovery and tailored to individual veterans' needs; housing and supportive services; and income, employment and benefits assistance. For example, we will continue our collaborative efforts with the Department of Labor to provide employment services. We will leave no opportunity unexplored, and we will continue this pursuit until every veteran has safe housing available and access to needed treatment services. We are eager to work with Congress to provide these services to veterans.

VA estimates that the proposed maximum annual authorization level of $200 million would be inadequate for the amounts of VA projects delivering comprehensive services through this important program. We recommend that a specific authorization funding level be dropped from the statute. This is a well established program in VA and need not be constrained.

If the specific authorization ceiling in H.R. 2504 is enacted, VA's resources to execute this program would be limited to $146.3 million in FY 2010, $189.2 million in FY 2011, $935.5 million over 5 years, and $1.9 billion over 10 years.

H.R. 2559—"Help Our Homeless Veterans Act"

H.R. 2559 would require VA to carry out a national media campaign targeting veterans who are homeless or who are at risk of becoming homeless, with special emphasis on women veterans. The Secretary would be required to inform veterans of their rights and benefits under the laws administered by the Secretary and would advise them where to turn for help if they are already homeless or at risk of becoming so.

VA supports outreach to homeless veterans but H.R. 2559 duplicates existing statutory authority. We would welcome the opportunity to work with Committee staff in order to address this concern.

Congress already provided this authority last year in Public Law 110–389, which created section 532 of title 38. That authorized the Secretary to purchase advertising in national media outlets to promote awareness of benefits administered by the Secretary, including programs to assist homeless veterans. This extant authority is preferable to H.R. 2559 as it does not require VA to target only veterans. Targeting veterans alone will not be sufficient to achieve the goal of ending veteran homelessness, while a coordinated national campaign reaching veterans, those who provide benefits and services, as well as the general public can help achieve this goal. If new legislation nevertheless goes forward, it should support advertising and media outreach directly to public and private, State, tribal and community agencies that serve the homeless population to enhance referrals to VA.

We estimate that a national media program targeting veterans, those who provide benefits and services to the homeless, as well as the general public would cost $600,000 in FY 2010, $618,000 in FY 2011, $3.2 million over 5 years, and $6.9 million over 10 years.

H.R. 2735—"To Make Certain Improvements to the Comprehensive Service Programs for Homeless Veterans"

Section 1 of **H.R. 2735** would add a new subsection to 38 U.S.C. 3011 to specifically allow service centers receiving grants from VA to use these funds for staffing to ensure services are provided during specified hours, as well as on an as-needed, unscheduled basis. Section 2 would eliminate all references to "per diem" in 38 U.S.C. 2012 and change the basis of grants from the "daily cost of care" to the "annual cost of furnishing services." It would also remove the prohibition on VA providing a rate in excess of the rate authorized for State domiciliaries and grant the Secretary the discretion to set a maximum amount payable to grant recipients. Section 2 would also direct the secretary to increase the rate of payment to reflect anticipated changes in the cost of furnishing services and take into account the cost of services in different geographic areas. It would remove the requirement that the secretary consider other available sources of funding and would leave it to his or her discretion. Finally, it would allow grant recipients to use VA grants to match other payments or grants from other providers. In sum, this bill would dramatically change VA's grant-and-per-diem (GPD) program, which has been a key factor in re-

ducing veteran homelessness from 195,000 to 131,000 over the last 3 years. GPD is designed to support transitional housing for veterans; however, in the last several years the program has expanded its range of services toward permanent housing to provide veterans stable and continuous care. VA generally supports this bill, but is apprehensive that this legislation will result in policy problems and lead to significantly higher costs.

VA supports section 1. GPD has 35 operational service centers (18 in rural areas, 17 in urban areas), and billing among these service centers varies significantly. Although service centers are currently not the most robust intermediaries for delivering services, these partners have played a vital role in VA's success in combating veteran homelessness over the last several years and will continue offering essential services as we work toward the goal of ending veteran homelessness. We believe that this legislation may make these entities more fiscally solvent as the additional funding would offset the needed staffing costs. VA's Advisory Committee on Homeless veterans has recommended for several years that this authority be given to grant recipients.

VA estimates the cost of section 1 of H.R. 2735 would be $5.2 million in FY 2010, $6.1 million in FY 2011, $35.6 million over 5 years and $101.6 million over 10 years.

Concerning section 2, VA is currently evaluating the impact of section 2, which shifts from the "per diem" or "daily cost of care" approach to an "annual cost of furnishing services." Though this change may offer VA's partners needed capital and funds at the beginning of the fiscal year to support their work, it would require significantly more detailed auditing as well as increased direct oversight by VA. We would welcome the opportunity to discuss these issues with Committee staff, and ask the Committee to defer on this provision until we have fully evaluated the impact of this proposal.

VA does not oppose removing the existing rate cap. Currently, the statute limits VA's GPD payments to the rate for state domiciliary care, and the difference between what VA pays and the actual cost of expenditures is absorbed by the provider. Allowing the Secretary to establish the basis and the formula for payment based on cost and geographic location would increase the sustainability of community-based providers and promote increased and more comprehensive services for veterans. However, the language of the bill is restrictive in that it only authorizes VA to increase the rate of payment from year to year; VA would be unable to respond to any situation or development that might *lower* the operating costs for grant recipients. As a result, VA could be forced to pay above-cost rates to providers. We consequently recommend the language be modified to say "adjust" instead of "increase."

The bill would also no longer require the Secretary to consider the availability of other sources of income for grant recipients. The difference between "may," as the bill specifies, and "shall," as the statute currently provides, is in this instance insignificant as the Secretary would in all likelihood consider the availability of other funds in any event. H.R. 2735 would allow providers to use VA funds to secure matching amounts from other agencies or organizations. VA believes that multiple agencies should not contribute funding for the same objective or project, and that overlapping funds can introduce waste and inefficiency. VA has no objection to this provision; however, it suggests that the language be amended to prohibit duplication and allow for adjusted rather than solely increased funding.

VA estimates the cost of enacting section 2 of H.R. 2735 would be $455.9 million in FY 2010, $542.2 million in FY 2011, $3.2 billion over 5 years and $8.1 billion over 10 years.

H.R. 3073—"To Establish a Grant Program to Provide Assistance to Veterans Who Are At Risk of Becoming Homeless"

H.R. 3073 would create a new grant program that would require the Secretary to provide grants to public entities and private non-profit organizations to provide financial support for veterans at risk of homelessness. The bill defines these veterans as those in "imminent danger of eviction or foreclosure," who demonstrate a "compromised ability" to make rental or mortgage payments, and who meet eligibility requirements established by grant recipients. Specifically, the bill would require grant recipients to make payments for up to 3 months on behalf of veterans for mortgage, rental or utility payments and to ensure these veterans receive supportive services such as job training, mental health and substance abuse treatment, and other services including support from the Department of Labor and the Department of Housing and Urban Development. Grant recipients would apply for these funds as per diem providers currently do. The bill would allow recovery of unused funds at the end of a 3-year period and would authorize up to $100,000,000 for FY 2011, 2012 and 2013.

VA supports preventive measures for at-risk veterans in principle but does not support H.R. 3073 because certain portions of this bill duplicate existing statutory authority and others would not make the best use of Department resources. We would welcome the opportunity to discuss these issues with Committee staff in order to develop language that addresses these concerns.

Section 604 of Public Law 110–387, codified at 38 U.S.C. 2044, provides VA with authority to offer grants to organizations offering supportive services of the kind described in H.R. 3073 for low-income veterans and their families. VA is currently developing regulations to implement this legislation. We also note the 3-month eligibility for the services offered under H.R. 3073 is too short to effectively remove the risk of homelessness for many veterans and their families. For veteran homeowners with non-VA mortgages, temporary relief for 3 months would likely prove insufficient to resolve the underlying conditions contributing to their potential homelessness if the terms of the mortgage have changed, as they would under an adjustable-rate mortgage, rather than as a result of changes in their personal situations. The Administration has pursued a number of initiatives to keep such homeowners, including veterans, in their residences. H.R. 3073 may duplicate those efforts as well.

In addition, the Veterans Benefits Administration offers assistance to veterans who encounter problems making their mortgage payments. When a VA-guaranteed home loan becomes delinquent, the loan servicer has the primary responsibility of servicing the loan to help cure the default. VA provides financial incentives for servicers who arrange reasonable repayment plans or pursue other home retention options for veterans. In some cases loan modification may help make payments more affordable, and VA made extensive rule changes in early 2008 to make loan modifications easier for servicers to arrange. However, in cases where the servicer is unable to help the veteran borrower retain the home or find a suitable alternative to foreclosure, VA's Loan Guaranty Service has Loan Technicians in nine Regional Loan Centers and the Hawaii Regional Office who review all cases prior to foreclosure to evaluate the adequacy of the loan servicing. Loan Technicians may initiate supplemental servicing by contacting the veteran to determine whether any further assistance is possible, and veterans may also call a nationwide toll-free contact number at any time during the process to receive loan counseling from VA. In some cases, VA will purchase a loan from the holder and modify the terms so that a veteran can retain his or her home. The Regional Loan Centers can also provide advice and guidance to veterans with non-VA guaranteed home loans, but VA does not have the legal authority or standing to intervene on the borrower's behalf in these situations. Under the Veterans' Benefits Improvement Act of 2008 (Public Law 110–389), veterans with non-VA guaranteed home loans have new options for refinancing to a VA guaranteed loan. Veterans who wish to refinance their subprime or conventional mortgage may do so for up to 100 percent of the value of the property, generally up to a maximum of $417,000. High-cost counties have even higher maximum guaranty amounts, which can result in higher maximum loan limits. These changes allow more qualified veterans to refinance through VA, allowing for savings on interest costs and avoiding foreclosure. Additionally, some veteran borrowers may be able to request relief pursuant to the Servicemembers Civil Relief Act (SCRA). In order to qualify for certain protections available under the Act, the veteran's obligation must have originated prior to the current period of active military service. SCRA may provide a lower interest rate or forbearance, or prevent foreclosure or eviction, even after the borrower's period of military service ends.

VA estimates there would be no costs associated with H.R. 3073 in FY 2010, with $100 million in costs for FY 2011 through FY 2014, for a 5 and 10 year total of $300 million.

This concludes my prepared statement. I would be pleased to answer any questions you or any of the Members of the Subcommittee may have.

American Chiropractic Association
Arlington, VA.
October 8, 2009

Hon. Michael H. Michaud, Chairman
House Committee on Veterans' Affairs
Subcommittee on Health
338 Cannon House Office Building
Washington, DC 20515

Hon. Henry E. Brown JR.,
Ranking Member
House Committee on Veterans' Affairs
Subcommittee on Health
338 Cannon House Office Building
Washington, DC 20515

RE: Statement of the American Chiropractic Association in Support of H.R. 1017, the Chiropractic Care Available to All Veterans Act

Dear Chairman Michaud and Ranking Member Brown:

On behalf of the American Chiropractic Association (ACA), we thank you for providing an opportunity to submit a statement for the official subcommittee record on H.R. 1017, the Chiropractic Care Available to All Veterans Act.

ACA provides professional and educational opportunities for doctors of chiropractic (DCs), supports research regarding chiropractic and health issues, and offers leadership for the advancement of the profession. With approximately 15,000 members, ACA promotes the highest standards of ethics and patient care, contributing to the health and well-being of millions of chiropractic patients.

ACA wholeheartedly supports H.R. 1017 and believes it will assist millions of veterans in receiving quality care, especially for the treatment of musculoskeletal injuries and conditions. Painful and disabling joint and back disorders are the top health problems of veterans returning from Iraq and Afghanistan, according to Department of Veterans Affairs (VA) statistics from earlier this year ("Analysis of VA Health Care Utilization Among U.S. Global War on Terrorism Veterans, Jan. 2009").

In recent years, after decades of inaction and neglect, the VA finally began the long-overdue process of providing veterans access to chiropractic care by placing doctors of chiropractic on staff at VA hospitals. The process of integrating chiropractic care in the VA system was initiated after Congress enacted a series of statutes (P.L. 108–170 and P.L. 107–135) including specific directives to hire doctors of chiropractic and place them at VA health care facilities.

Although a chiropractic benefit has theoretically been available within the VA system for many years, Congress took action when it became apparent that VA had failed to take any reasonable steps to provide veterans with chiropractic care. As a result of the congressional directives cited earlier, as well as recommendations issued by a congressionally mandated advisory committee, the VA currently provides chiropractic care (via hired or contracted staff) at 32 major VA treatment facilities within the United States.

In VA facilities where they are available, chiropractic services have become an integrated and appreciated part of patient treatment. Doctors of chiropractic in the VA are treated as peers and colleagues, and are regarded as a valuable source of information in the care of VA patients.

By all accounts, the treatment provided by DCs in the VA is regarded as a highly effective, cost-efficient course of treatment with positive outcomes and a high level of patient satisfaction. Additionally, doctors of chiropractic in the VA bring new ideas and viewpoints to patient-centered care, clinical research and education. These new perspectives help strengthen the VA by fostering innovative approaches and strategies.

Numerous veterans' service organizations agree that chiropractic care is an essential component of the VA health care system. Among those that support the inclusion of chiropractic in the VA are the Vietnam Veterans of America, the American Legion, the Paralyzed Veterans of America and the Veterans of Foreign Wars, which stated, "We believe this legislation to be of great importance in consideration of the various injuries veterans have received and the known benefits for chiropractic care."

Despite this progress, the overwhelming majority of America's eligible veterans continue to be denied access to chiropractic care because the VA has failed to take steps to provide chiropractic care at approximately 120 additional VA treatment facilities—comprising the major sites where VA care is offered. Detroit, Denver, and Chicago are just a few examples of major metropolitan areas still lacking a doctor of chiropractic at the local VA medical facility.

Shockingly, this disparity continues despite important data demonstrating a critical need within the VA for the specific and specialized type of health care services that doctors of chiropractic provide. ACA believes that integrating chiropractic treatment into the VA health care system would not only be cost-effective, it would also speed the recovery of many of the veterans returning from current operations in Iraq and Afghanistan.

As mentioned earlier, a January 2009 VA report indicates that more than 49 percent of veterans returning from the Middle East and Southwest Asia who have sought VA health care were treated for symptoms associated with musculoskeletal ailments—the top complaint of those tracked for the report.

These patients commonly suffer musculoskeletal injuries from combat due to heavy gear and body armor, motor vehicle accidents, and of course blast injuries or polytrauma. Clearly, the need for expanded access to services delivered by doctors of chiropractic has never been more crucial.

To correct this disparity, Congressman Bob Filner, Chairman of the House Committee on Veterans Affairs, introduced H.R. 1017, the Chiropractic Care Available to All Veterans Act, which aims to expand the number of chiropractic physicians at major VA medical centers. Without a congressional directive, further expansion to VA facilities will happen on a case-by-case basis and more than likely will be excruciatingly slow.

H.R. 1017 will codify chiropractic as a covered service throughout the VA health care system, requiring the VA to have a doctor of chiropractic on staff at all VA medical facilities by 2012. It also amends the current statute, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, ensuring that chiropractic benefits cannot be denied.

Veterans want, need and deserve access to chiropractic care, and our goal should be to ensure that chiropractic is available and accessible at every major VA health care facility. The chiropractic profession welcomes the opportunity to serve our Nation's veterans. It is an honor to give back to those who have given so much for us.

Passage of the Chiropractic Care Available to All Veterans Act will ensure that our veterans receive the highest level of care possible in some of the world's finest medical settings. The American Chiropractic Association urges Congress to pass this legislation immediately.

Sincerely,

Rick A. McMichael, DC
President

Statement of American Physical Therapy Association

On behalf of the more than 72,000 members of the American Physical Therapy Association (APTA), we appreciate this opportunity to provide our statement in support of H.R. 1036, the Veterans Physical Therapy Services Improvement Act of 2009. This bill would amend title 38, United States Code, to establish the position of Director of Physical Therapy Service within the Veterans Health Administration and to establish a fellowship program for physical therapists in the areas of geriatrics, amputee rehabilitation, polytrauma care, and rehabilitation research. APTA would like to thank Representative Stephanie Herseth-Sandlin for her leadership in introducing this important legislation. APTA would also like to thank Chairman Filner, Chairman Michaud, Representatives Sestak, Brown, Hare, Carnahan, Griffith, and Kirkpatrick for cosponsoring H.R. 1036.

APTA is a professional organization representing the interests of physical therapists (PTs), physical therapist assistants, and students of physical therapy with a mission to advance physical therapy research, practice and education. Physical therapists are licensed health care professionals who diagnose and treat individuals of all ages, from newborns to the elderly, with medical problems or health related conditions that limit their ability to move and perform functional activities in their daily lives. PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function and prevent disability. Physical therapists practice in a variety of settings, including hospitals, home health, private practices, and a number of Federal agencies, such as the Veterans Administration (VA). Physical therapists, at a minimum, receive a master's degree from an accredited physical therapist education program before taking a national examination that permits them to practice under state licensure laws. A vast

majority of physical therapists now graduate with a clinical doctorate in physical therapy.

The primary challenge to meeting the rehabilitation needs of veterans is the recruitment and retention of physical therapists. This challenge is compounded by two trends that increase the need for physical therapy services: chronic conditions associated with an aging veteran population and the complex impairments associated with returning veterans from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq.

There is an increased need for physical therapists in the VA system. The current challenges with recruitment and retention of PTs within a changing environment only increases the need for rehabilitation lead by these professionals. The three specific recommendations APTA would make are outlined in H.R. 1036; the establishment of a Director of Physical Therapy Service within the VA, updating and codifying qualification standards for physical therapists, and the establishment of a fellowship program to encourage the recruitment and retention of specialized physical therapists within the VA system.

Physical Therapists in the VA: An Increasing Need for Rehabilitation Services

With more than 1,000[1] physical therapists on staff, the VA is one of the largest employers of physical therapists nationwide. Physical therapists have a long history of providing care to our active duty military and to our Nation's veterans. In fact, our professional roots started by rehabilitating soldiers as they began returning from World War I. Back then, physical therapists were known as "reconstruction aides." Today, physical therapists in the VA render evidence-based, culturally sensitive care and many have been recognized leaders in clinical research and education. Physical therapists in the VA practice across the continuum of care, from primary care and wellness programs to disease prevention and post-trauma rehabilitation. Clinical care practice settings that incorporate physical therapists include inpatient acute care, primary care, comprehensive inpatient and outpatient rehabilitation programs, spinal cord injury centers and geriatric/extended care.

The need for high quality rehabilitation provided by physical therapists has never been greater with the dual challenges of caring for the chronic diseases faced by aging veterans and the multifaceted profile of many of today's wounded warriors. According to the VA, 9.2 million veterans are age 65 or older, representing 38 percent of the total veteran population. By 2033, the proportion of older veterans will increase to 45 percent of the total population.[2]

The second trend that highlights the need to recruit and retain physical therapists in the VA is the changing profile of injuries and impairments of our returning service personnel. Enhancements in battlefield medicine have helped a larger portion of soldiers survive their injuries, compared to previous wars our Nation has fought.[3] Many of our Nation's recent veterans are facing unique injuries that require complex rehabilitation including spinal cord injury, amputee rehabilitation and traumatic brain injury. Physical therapists are a key part of the VA's Polytrauma Rehabilitation Centers (PRC) caring for TBI patients in Tampa, Palo Alto, Richmond and in Minneapolis. PRCs have clinical expertise and include an interdisciplinary team to provide care for complex patterns of injuries, including TBI, traumatic or partial limb amputation, nerve damage, burns, wounds, fractures, vision and hearing loss, pain, mental health and readjustment problems. Physical therapists are also part of the specialized amputee rehabilitation center at the Brooke Army Medical Center at Fort Sam Houston, Texas.

Physical therapists at these facilities have been at the forefront in developing programs to care for our wounded warriors prior to the creation of the PRC designation. Minneapolis, for example, has had a TBI program with dedicated staff in TBI rehabilitation for over 10 years including physical therapists who have received the American Board of Physical Therapy Specialties (ABPTS) specialist certification in neurological, clinic specialists in geriatric and orthopedic physical therapy. Jeffrey Newman, a PT who testified in front of this Committee in 2007, has a clinical background in amputation rehabilitation. He has cared for a generation of veterans and has seen the growing need for physical therapist services through the years.

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[1] At the end of fiscal year 2006, 1024 physical therapists were employed by the VA. Department of Veterans Affairs.

[2] Department of Veterans' Affairs Web site "VA Health Care Atlas FY2000", Accessed September 29, 2009 http://www.rorc.research.va.gov/atlas/Chapter__1__Veteran__Population.pdf.

[3] Atul Gawande, "Casualties of War-Military Care for the Wounded from Iraq and Afghanistan," The New England Journal of Medicine, vol.351, issue 24 (December 2004) p. 2471.

Current Recruitment and Retention Challenges for Physical Therapists in the VA

Given the increasing number of aging veterans and the number of OEF/OIF veterans needing physical therapy services, recruitment and retention of qualified physical therapists is vital to ensuring our veterans have access to the physical therapist services they need in a timely fashion. The number one obstacle to both the recruitment and retention of physical therapists serving in the VA was the severely outdated qualification standards that governed the salary and advancement opportunities for physical therapists employed by the VA.

The physical therapy profession has evolved as the need for our services has expanded. The current ***minimal*** requirement to become a physical therapist is to graduate with a master's degree (approximately 95 percent of programs now are graduating at the doctoral level [4]) and pass a licensure test. The VA qualification standards that existed only required a physical therapist to obtain a bachelor's degree and do not recognize the doctorate of physical therapy, or DPT, degree. Not only was this severely out of date with current minimal education requirements but it was not competitive with clinical settings outside of the VA system.

APTA began working with the VA to update the qualification standards over 8 years ago and supports the following changes to establish consistency between the VA and the current professional practice of physical therapy as defined by the *Guide to Physical Therapist Practice*:

- Recognition of Educational and Clinical Training of the Physical Therapist
- Clarification of a career ladder in the Department of Veterans Affairs for Physical Therapists
- Recognition of the Doctoral Degree in Physical Therapy, and
- Expanded opportunities for career advancement for physical therapists.

APTA received feedback from the VA that changes needed to be made to update the qualification standards. **These standards were updated in February by General Shinseki. We commend the Secretary for implementing these updated qualification standards and urge the Committee to make them law**. The establishment of appropriate and up to date qualification standards will make it easier to both recruit and retain physical therapists to serve our Nation's veterans.

The need for permanent codification of these revised standards is due to several factors. First, with the demand for physical therapist services on the rise, the outdated qualification standards made it difficult to recruit physical therapists to the VA system. Second, the increased need for services provided by qualified physical therapists in the VA due to our aging veterans and meeting the complex rehabilitation needs of our returning soldiers. Third, the outdated qualification standards also limited the ability of a physical therapist to advance within the VA system once they joined. The standards did not recognize physical therapists that achieve specialty certification such as those needed in the polytrauma centers. Fourth, it had been approximately 8 years since the VA first recognized that the standards needed to be updated.

In addition to the immediate approval and implementation across the board—not just in select facilities—of the revised qualification standards, APTA recommends enhancements to the current VA fellowship and scholarship programs for physical therapists to help in both recruitment and retention. Many new graduates are concerned with a high amount of student loan debt when leaving school, scholarship and loan repayment programs are an important tool in recruiting additional physical therapists to meet the VA's need.

In the early 1990's, Mr. Jeffrey Newman, PT had the opportunity to serve on the Committee to review scholarship program applicants when the VA had a scholarship incentive program to attract new graduates. Over the course of that particular program, his facility in Minneapolis had five recipients. Of those original recipients, one was still in the facility in late 2007 and two of the others stayed for several years; only two left directly after their required service was complete. Mr. Newman argued that the previous scholarship program provided an incentive to serve right out of school whereas the new incentive program, including the debt reduction program, is poorly advertised and cumbersome for the potential applicants. In 2007, only 19 physical therapists have participated in the Education Debt Reduction Program and

[4] "Doctor of Physical Therapy (DPT) Degree Frequently Asked Questions" American Physical Therapy Association. April 2008, Date Accessed: September 29, 2009. http://www.apta.org/AM/Template.cfm?Section=Professional__PT&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=16984

only 14 physical therapists have participated in the Employee Incentive Scholarship Program.[5]

With this in mind, APTA supports the establishment of fellowships for physical therapists in the areas of geriatrics, amputee rehabilitation, polytrauma care, and rehabilitation research. These four areas, three clinical and one research, will attract specialized physical therapists to the VA. As is stated above, this will not only help recruit physical therapists to the VA to assist with debt burden, but with training the PT receives under existing professionals they will be able to provide the care veterans require upon their return from conflicts overseas.

APTA also supports the creation of a new position, Director of Physical Therapy Services. This new position would report to the undersecretary of health of the Veterans Health Administration. It would ensure that as the PT profession advances, the agency would keep current with issues related to the physical therapy profession's education, qualifications, clinical privileges, and scope of practice. Given the high number of physical therapists practicing within the VA system, the Director position can ensure that all PTs have the best and most up to date tools to give our Nation's veterans the best care possible.

APTA recommends the codification of the qualification standards for physical therapists in the VA, the creation of new programs and the enhancement of current programs offering fellowships, scholarships, loan support and debt retirement for physical therapists choosing to serve in the VA, and the establishment of a Director of Physical Therapy Service. These will assist in both the recruitment and retention of qualified physical therapists to meet the needs of our veterans today and tomorrow.

Physical therapists are a vital part of the health care network that provides services to our Nation's veterans. Ensuring that the qualification standards that govern the salary and advancement opportunities for physical therapists in the VA are up to date and reflective of the current professional practice of physical therapy as well as enhancing current scholarship opportunities will help recruit and retain more physical therapists to the VA system.

APTA would like to thank the Chairman, Ranking Member, the Committee and Representative Herseth-Sandlin for the opportunity to submit testimony in support of H.R. 1036, the Veterans Physical Therapy Services Improvement Act of 2009. APTA is eager to work with the House Committee on Veterans Affairs Subcommittee on Health to improve the quality of, and the access to care for our Veterans.

Statement of American Tinnitus Association

The American Tinnitus Association (ATA), the largest member-based tinnitus research funding organization in the United States, which exists to cure tinnitus through the development of resources that advance tinnitus research, strongly supports Representative Harry Teague's efforts on behalf of America's veterans to properly assess, treat and conduct research toward a cure for tinnitus, as outlined in H.R. 2506.

Noise is the leading cause of tinnitus, commonly referred to as "ringing in the ears." Head and Neck trauma are the second known cause of tinnitus. Operations Enduring and Iraqi Freedom (OEF/OIF) are some the noisiest battlegrounds yet. Roadside bombs—the signature weapon of the insurgency—regularly hit patrols, and can cause hearing loss and tinnitus instantaneously. In addition, Traumatic Brain Injury (TBI), one of the signature wounds of these conflicts, is producing a whole new generation of soldiers with both mild and severe head injuries that are often accompanied by tinnitus.

For millions of Americans, tinnitus becomes more than an annoyance. Chronic tinnitus can leave an individual feeling isolated and impaired in their ability to communicate with others. This isolation can cause anxiety, depression, and feelings of despair. Tinnitus affects an estimated 50 million, or more, people in the United States to some degree. Ten million to 12 million are chronically affected and one to two million are incapacitated by their tinnitus.

Tinnitus disproportionately impacts veterans from all periods of service. According to the Department of Veterans Affairs own statistics, the number of veterans who are receiving service-connected disability compensation for tinnitus has risen steadily over the past 10 years and spiked sharply in the past five. Since 2001, service-

[5] According to information on physical therapists from the HRRO Education Database provided to APTA by the Department of Veterans' Affairs on October 15, 2007.

connected disability for tinnitus has increased alarmingly by 18 percent per year. In 2006, the cost to compensate veterans for tinnitus was $539 million. Based on that 5-year trend, the total cost of veterans receiving service-connected disability compensation for tinnitus alone will top $1 billion by the year 2011. Veterans with tinnitus may be awarded up to a 10 percent disability, which currently equals about $120 a month.

Servicemembers are exposed to extreme noise conditions on a daily basis during both war and peacetime. During present-day combat, a single exposure to the impulse noise of an Improvised Explosive Device (IED) can cause tinnitus and hearing damage immediately. An impulse noise is a short burst of acoustic energy, which can be either a single burst or multiple bursts of energy. Most impulse noises, such as the acoustic energy emitted from an IED, occur within 1 second. However, successive rounds of automatic weapon fire are also considered impulse noise. According to the NationalInstitute for Occupational Safety and Health prolonged exposure from sounds at 85+ decibel levels (dBA) can be damaging, depending on the length of exposure. For every 3-decibel increase, the time an individual needs to be exposed decreases by half, and the chance of noise-induced hearing loss and tinnitus increases exponentially. A single exposure at from and IED at 140+ dBA may cause tinnitus and damage hearing immediately. Experiencing tinnitus on the battlefield also compromises situational awareness, which "in theater" can very literally mean the difference between life and death.

The Role of Medical Research

Research has increased our knowledge about tinnitus, particularly within the past 10 years. The scientific community now understands that tinnitus is a condition of the auditory system, with its origins in the brain, and believes that a cure is possible. Over the past 10 years, the discoveries by the medical research community on tinnitus and its neurological origins have increased dramatically. The use of imaging technologies like Positron Emission Tomography (PET) scans, functional Magnetic Resonance Imaging (fMRI), Magnetic Resonance Spectroscopy (MRS) have allowed researchers to "see" tinnitus when it is present or active in a patient. Because of these discoveries we also now know that tinnitus a condition of the auditory system, not a disease of the ear, with many contributing factors to its onset, persistence and recurrence. Researchers now are developing ways to treat the origins of tinnitus, instead of treating the symptoms of tinnitus as they had done for many years before they knew about the brain's involvement.

In the U.S. in 2008, there was only $3 million available between all public and private funding for tinnitus research. Compared with the staggering cost of simply compensating our veterans for tinnitus, this amount of research funding is woefully inadequate. We know that the existing therapies for tinnitus do not cure tinnitus. At best, they can help mitigate tinnitus. However these therapies do not work for every person afflicted with tinnitus. By continually increasing the opportunity for tinnitus research, better treatments for our veterans with tinnitus will be discovered on the road to a cure.

With so many of our brave men and women in uniform returning from combat with tinnitus, this will only continue to be an unresolved problem if we don't work together on solutions for tinnitus. H.R. 2506 will not only provide proper assessment of tinnitus for America's veterans but commit to researching this condition to help further the knowledge toward a cure. We offer our full support and expertise to any member of this panel who might like to know more about tinnitus.

MATERIAL SUBMITTED FOR THE RECORD

Committee on Veterans' Affairs
Subcommittee on Health
Washington, DC.
October 1, 2009

Mr. Joseph L. Wilson
Deputy Director, Veterans Affairs and Rehabilitation Commission
The American Legion
1608 K Street, NW
Washington, D.C. 20006

Dear Mr. Wilson:

Thank you for your testimony at the U.S. House of Representatives Committee on Veterans' Affairs Subcommittee on Health legislative hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs that took place on October 1, 2009.

Please provide answers to the following questions by 6:00 P.M. on Wednesday, October 7, 2009, to Jeff Burdette, Legislative Assistant to the Subcommittee on Health,

1. The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?
2. Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless community. Do you believe that enough is being done to target the homeless veteran population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.
3. You expressed your support for H.R. 2735 and the draft discussion bill to improve per diem grant payments.

H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

Thank you again for taking the time to answer these questions. The Committee looks forward to receiving your answers by October 7, 2009.

Sincerely,

MICHAEL H. MICHAUD
Chairman

The American Legion's answers to questions from October 1, 2009 Hearing

Question 1: The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?

Response: The American Legion supports legislation that would authorize the Department of Housing and Urban Development (HUD) to provide housing assistance to private nonprofit organizations and consumer cooperatives to expand the supply of permanent affordable housing for homeless veterans and their families along with:

- Expanding the highly successful HUD–VA Supportive Housing (HUD–VASH) Program, by authorizing 20,000 vouchers annually and making the program permanent;

- Establishing a grant program that would provide assistance to veterans who are at-risk of being homeless; and,
- Requiring HUD to submit a comprehensive annual report to Congress on the housing needs of homeless veterans.

The American Legion has no other recommendations at this time.

Question 2: Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless community. Do you believe that enough is being done to target the homeless veteran population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.

Response: In recent years, VA has done a respectable job in responding to the needs of homeless veterans. In addition, there has been a significant drop in the homeless veterans' numbers over the last couple of years due to VA's homeless programs and their outreach to homeless care service providers. Please note that adequate funding and staffing are still obstacles to VA better serving our homeless veteran community.

VA has to do a better job at assisting homeless women veterans and those individuals with families. Homeless veterans' service providers' clients have historically been almost exclusively male. That is changing as more women veterans, especially those with young children, have sought help. Additionally, the approximately 200,000 female Iraq veterans are isolated during and after deployment making it difficult to find gender-specific peer-based support. Reports show that one of every ten homeless veterans under the age of 45 is now a woman. Access to gender appropriate care of these veterans is essential. These homeless women and families have unique challenges and needs in getting reintegrated back into mainstream society that should be addressed by VA.

Another group of veterans in need of VA assistance is those who are at-risk of becoming homeless. VA has been working on implementing programs to assist at-risk veterans, to prevent them from losing their homes; however, these programs have yet to come to fruition.

Question 3: You expressed your support for H.R. 2735 and the draft discussion bill to improve per diem grant payments.

H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

Response: The American Legion supports rate increases which will enable homeless care service providers to provide more supportive services to homeless veterans. We recognize the benefits of both H.R. 2735 and the draft discussion bill. The passage of either one of these pieces of legislation would increase the funds available to assist homeless veterans; however, The American Legion does not believe the homeless care service provider should be locked into the $60 per bed in the drafted legislation due to the volatile economy.

Please feel free to contact me @ 202–861–2700 ext. 2998 or jwilson@legion.org if you have questions.

Thank you,

Joseph L. Wilson
Deputy Director, Veterans Affairs and Rehabilitation Commission

Committee on Veterans' Affairs
Subcommittee on Health
Washington, DC.
October 1, 2009

Mr. Justin Brown
Legislative Associate, National Legislative Service
Veterans of Foreign Wars of the United States
200 Maryland Avenue, SE
Washington, D.C. 20006

Dear Mr. Brown:

Thank you for your testimony at the U.S. House of Representatives Committee on Veterans' Affairs Subcommittee on Health legislative hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs that took place on October 1, 2009.

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1. The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?
2. Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless community. Do you believe that enough is being done to target the homeless veteran population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.
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Which of the two approaches to increasing per diem funding do you support and why?

Thank you again for taking the time to answer these questions. The Committee looks forward to receiving your answers by October 7, 2009.

Sincerely,

MICHAEL H. MICHAUD
Chairman

Prepared Statement of Justin Brown, Legislative Associate, National Legislative Service, Veterans of Foreign Wars of the United States, Response to Questions Submitted by Chairman Michaud, Committee on Veterans' Affairs, Subcommittee on Health United States House of Representatives with Respect to H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, and H.R. 3441 Submitted October 08, 2009

Question 1: The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?

Response: The Veterans of Foreign Wars is fully supportive of the zero-tolerance stance President Obama has taken on veterans' homelessness. There are a number of legislative fixes being proposed. However, the VFW believes that none of these pieces of legislation adequately address the issue of veterans' homelessness in its totality. For these reasons, the VFW suggests the administration introduce its plan, and the requisite requirements necessary, to end and prevent homelessness for

America's veterans. A complete and thorough approach to eradicating homelessness is the new direction in which we should be progressing. A piece by piece approach will not solve the larger problem at hand—prevention and eradication of veterans' homelessness.

One particular concern of the VFW's in regards to preventing veterans' homelessness is the need to revamp VA's VR&E program for disabled veterans. We have attached five primary recommendations for doing so below. We believe that if these recommendations were adopted, the VR&E program would have better results, prevent at-risk disabled veterans from becoming homeless, and provide increased investment for veterans and our government.

1. *The Delimiting Date for VR&E Needs to be Removed*
2. *VR & E's Educational Stipend Needs Parity in Comparison to Chapter 33*
3. *For Many Disabled Veterans with Dependents VR&E Education Tracks are Insufficient*
4. *VR&E Performance Metrics Need to be Revised to Emphasize Long-term Success*
5. *VR&E Needs to Reduce Time from Enrollment to Start of Services*

Question 2: Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless community. Do you believe that enough is being done to target the homeless veteran population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.

Response: The VFW has no substantiated data to suggest VA's outreach efforts are effective. While VA's data suggests the numbers of homeless veterans has fallen in recent years, the VFW remains concerned that due to the current economic situation these numbers will rise. Nearly one million veterans are currently unemployed and the need for increased services for at risk and homeless veterans has never been greater.

Question 3: You expressed your support for H.R. 2735 and the draft discussion bill to improve per diem grant payments.

Response: H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

The VFW supports both pieces of legislation because they both substantially increase funding to provide relief for homeless veterans. However, the VFW believes this question would be better answered by those who receive Federal assistance for providing assistance to our Nation's homeless veterans.

Committee on Veterans' Affairs
Subcommittee on Health
Washington, DC.
October 1, 2009

Mr. Richard F. Weidman
Executive Director for Policy and Government Affairs
Vietnam Veterans of America
8605 Cameron Street, Suite 400
Silver Spring, MD 20910

Dear Mr. Weidman:

Thank you for your testimony at the U.S. House of Representatives Committee on Veterans' Affairs Subcommittee on Health legislative hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs that took place on October 1, 2009.

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1. The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?
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Which of the two approaches to increasing per diem funding do you support and why?

4. In your testimony, you recommended creating a "service center staffing/operational" grant.

Wouldn't H.R. 2735 accomplish this, as there is language creating a separate grant fund for service center personnel? Please provide clarification.

5. In your testimony, you question whether the grant and per diem funding should be considered "fee for service" instead of a "reimbursement".

   a. Is distinction between the two a matter of when the GPD grantee would get paid? In other words, the grantee would get paid before delivering the services based on an estimated cost under the "fee-for-service" model, whereas the grantee gets paid after delivering the services under the "reimbursement" model?

   b. If the above understanding is accurate, how would you respond to potential concerns about the VA's diminished ability to oversee the program under the "fee-for-service" model?

Thank you again for taking the time to answer these questions. The Committee looks forward to receiving your answers by October 7, 2009.

Sincerely,

MICHAEL H. MICHAUD
Chairman

Responses to questions from October 1, 2009
U.S. House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health

1. ***The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?***

Comments to this question are included in many of the comments found below.

2. ***Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless Community. Do you believe that enough is being done to target the homeless veteran population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.***

The VA needs to develop a strategic plan focusing on outreach to homeless veterans. There needs to be a separate line in the VA budget for outreach to homeless

and at-risk veterans, in addition to a separate line item for outreach and education of all veterans and their families.

Attention to ensuring the continuance of Day Service Centers and the creation of new service center for homeless veterans are a vital component to outreach. Veterans spread the word. If there is the legislative creation of staff/operational grants for Service Centers, care must be taken to include the operational and administrative dollars required to provide full service.

The VA could encourage cities and municipalities to carve our specific shelters or beds in one specific shelter to accommodate homeless veterans in an effort to consolidate VA outreach and manpower, making this effort more efficient and effective.

VVA would strongly support added verbiage to this legislation that would establish a "hot line" for homeless or at-risk veterans. This hotline could be modeled after the VA's Suicide Hotline. Additionally, it could be "manned" by homeless or formerly homeless veterans through the utilization of the Compensated Work Therapy program participants. We ask, who better to assist someone who is homeless or at-risk than someone who has actually been there seeking the same assistance.

There needs to be a grassroots media "blitz" by the VA focusing on the city and municipality shelter systems throughout the country. Many homeless veterans in the shelter systems don't know there is help out there for them from the VA.

3. ***You expressed your support for H.R. 2735 and the draft discussion bill to improve per diem grant payments***.

H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

VVA would support any increase in per diem payments, so long as the per diem is based on actual anticipated budgetary expenses, not based on past year expenses. Non-profits cannot enhance services or hire additional staff before they are able to access the dollars of increased per diem. It sets in place a vicious cycle of need. The agencies have a set per diem; they require more staff; they haven't shown it as an expense on the approved per diem they are receiving; they can't afford to hire staff. To do so would place them at high risk and this action could be suicidal for a small non-profit. It places them at risk with creditors or the agency has to pay interest on the use of its line of credit until they can be approved for higher per diem. This interest is then an added expense to the program—a cost they cannot recoup.

4. ***In your testimony, you recommended creating a "service center staffing/operational" grant. Wouldn't H.R. 2735 accomplish this, as there is language creating a separate grant fund for service center personnel? Please provide clarification.***

Absolutely. VVA has long supported and advocated for the creation of "service center staffing/operational" grants. Just as GPD residential programs can cover some operational costs with its limited per diem, these service centers need the enhanced staffing/operational grants in order to provide quality and comprehensive services. This will ultimately increase the successful outcomes of the programs and the veterans. It can easily be funded in the exact way as the previously created Special Needs Grants.

5. ***In your testimony, you question whether the grant and per diem funding should be considered "fee-for-service" instead of a "reimbursement".***

   a. ***Is distinction between the two a matter of when the GPD grantee would get paid? In other words, the grantee would get paid before delivering the services based on an estimated cost under the "fee-for-service" model, whereas the grantee gets paid after delivering the services under the "reimbursement" model?***

There are several sides to this question.

Yes, it is a matter of when the GPD grantee would get paid. Under the current per diem systems, many GPD grantees wait for months to receive their "reimbursement".

However there also exist other hurdles. Presently per diem is based on previous year expenses, not anticipated expenses, which causes the program to fall short in the agencies operating year. This leaves the agencies without the funds to increase the services or staffing because they do not have the money to do any advanced or "real time" enhancements to the program.

In actuality, GPD is "fee for service". The only drawback is that it is not set up as a contract agreement as utilized in the past by the VA where agencies were paid as contractors. Today's methodology works on the approach that grantees are paid based on past accounted and audited expenses, not anticipated expenses.

Another thought is to review the process that HUD uses for its grantees. One solution to consider would be to set up GPD disbursements in a "draw down" account similar to the system utilized by the U.S. Department of Housing and Urban Development, whereby agencies submit their projected budgets, are allocated the funds, and draw down on the allocated funds throughout the year. At the end of year reconciliations and adjustments as made.

VVA suggests the Committee also review the process utilized by state veterans' homes in providing them per diem.

b. ***If the above understanding is accurate, how would you respond to potential concerns about the VA's diminished ability to oversee the program under the "fee-for-service" model***?

With the requirement for intensive annual inspections by the VA on all GPD programs, VVA does not see any potential diminished ability by the VA in the oversight of the programs. The method by which funds are paid has no effect on the VA's ability to provide oversight.

Additional Comments:

With regard to the draft discussion bill to eliminate the required reduction in the amount of per diem payments provided to entities furnishing services to homeless veterans to account for other sources of income, VVA strongly supports this legislation. It is our contention that many small non-profit agencies must find outside funding to assist in providing and enhancing services to homeless veterans. In fact, non-profits are encouraged to seek additional funding and are very creative in acquiring additional funding.

Presently, those agencies that charge a "residential fee" to the veterans in transitional housing must include those nominal fees as "income" even though those funds are turned back into the program to enhance or improve services. These dollars are also needed by the agency to cover expenses in other related veteran programs that were created under grant awards from other Federal agencies but do not have operational or appropriate administrative funding. These other programs ultimately are available and utilized by the homeless veterans in the agencies GPD programs.

The inclusion of these "fees" as income to the GPD program often times reduces the amount of per diem a grantee will receive because it decreases the overall cost of the program thereby reducing the per diem for which the agency is eligible. This does not help in creating an atmosphere of creativity. VVA believes that these "fees" should not be included as income

Under the draft discussion legislation to improve per diem payments for organizations assisting homeless veterans, VVA strongly supports the inclusion of verbiage that would address funding to an existing program for the expansion of its original program. In the past, some very successful GPD programs identified a need for increased bed space based on the number of veterans requesting admission. Requesting program expansions was done because in the original grant the agency could not know or anticipate with true accuracy the reality of the need for bed space. They were forced to make educated guesses. (If you build it they will come) These programs requested additional beds under a "per diem only" (PDO) grant process and were awarded funds to increase their overall program beds.

However, because the original grant and the PDO grant were awarded at different times they have separate "project numbers," even though both grants were for the same program with the same expenses. Hence, they are required to divide out, by percentage, the number of beds, and the per diem rates, under each project number in the required reporting to the VA. This calculation of percentage for each project number also is a hindrance in calculating the per diem rate for each project. Everything related to the program must be divided by percentage and every veteran who changes bedrooms has to be tracked by project number in applying for every month's per diem reimbursement request. It causes one whole program to be cal-

culated for per diem in two separate and unequal parts which results in one program have two different per diem rates. This is an accounting, bookkeeping, and records keeping nightmare.

VVA strongly supports the consolidation of PDO grants into the capital grant under which it was awarded, combining them into one Project Number.

Regarding the draft bill, The End Veteran Homelessness Act, VVA strongly urges that language addressing those veterans who do not meet the criteria for Mental Health Intensive Case Management (MHICM) be included in this legislation. Many of these veterans do not meet the criteria for HUD–VASH because they require intensive case management. They also do not meet the criteria for MHICM. They are, in essence, too sick for one, but not sick enough for the other.

These compromised veterans are left without recourse to fend for themselves in the community. They are targets; easy prey for the ruthless. They will return to homelessness. Or they may not live to do even that. VVA strongly urges inclusion in this bill that would have provided the necessary case management for those individuals who would otherwise be eligible for HUD–VASH.

Committee on Veterans' Affairs
Subcommittee on Health
Washington, DC.
October 1, 2009

Mr. Blake Ortner
Senior Associate Legislative Director
Paralyzed Veterans of America
801 18th Street, NW
Washington, D.C. 20006

Dear Mr. Ortner:

Thank you for your testimony at the U.S. House of Representatives Committee on Veterans' Affairs Subcommittee on Health legislative hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs that took place on October 1, 2009.

Please provide answers to the following questions by 6:00 P.M. on Wednesday, October 7, 2009, to Jeff Burdette, Legislative Assistant to the Subcommittee on Health.

1. The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?
2. Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless community. Do you believe that enough is being done to target the homeless veteran population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.
3. You expressed your support for H.R. 2735 and the draft discussion bill to improve per diem grant payments.

H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

4. You expressed PVA's concerns with the draft discussion bill to provide 25 percent of the per diem funding for organizations that do not meet the VA's current per diem requirements. The intent of this bill was to target smaller non-profits with less capacity than the bigger organizations. This would also have the effect of the money following the veteran so that the veteran has more choice and is not limited to help from the current list of organizations receiving per diem funding. Do you have suggestions on how we can help the smaller non-profits who help, let's say 70 percent instead of the required 75 percent

of homeless veterans without opening the door to non-profits that do not serve any or just 1 percent of homeless veterans?

Thank you again for taking the time to answer these questions. The Committee looks forward to receiving your answers by October 7, 2009.

Sincerely,

MICHAEL H. MICHAUD
Chairman

Paralyzed Veterans of America
Washington, DC.
October 6, 2009

Honorable Michael Michaud
Chairman
House Committee on Veterans' Affairs
Subcommittee on Health
338 Cannon House Office Building
Washington, D.C. 20515

Dear Chairman Michaud:

On behalf of Paralyzed Veterans of America (PVA), I would like to thank you for the opportunity to present our views on the various pieces of legislation considered by the Subcommittee at the hearing on October 1, 2009. We are particularly pleased that the Subcommittee continues to focus a great deal of interest on assisting homeless veterans overcome their situations in order to become productive members of society again.

Due to the short suspense for this reply, PVA has only been able to conduct a limited analysis of the questions to prepare our response. We would ask that as the Subcommittee staff continues the refinement of this valuable legislation, they continue to permit PVA to provide input to assist in overcoming the tragic problem facing many of our veterans.

We have included with our letter a response to each of the questions that you presented following the hearing on October 1, 2009. Thank you very much.

Sincerely,

Carl Blake
National Legislative Director

Question 1: The majority of the bills at this legislative hearing focused on homeless legislation. Are there other legislative ideas to help homeless veterans that you would like to recommend?

Response: PVA has been a long time supporter of homeless veterans and legislation to reduce the number of veterans living on the street. The legislation addressed during the hearing dealt with many issues PVA is interested in. At this time, there are no additional issues that PVA would like to recommend; however, we look forward to working with the Subcommittee staff on future legislation that we may determine would be a benefit to homeless veterans.

Question 2: Please give me your organization's views on the effectiveness of VA's outreach efforts to the Homeless community. Do you believe that enough is being done to target the homeless veterans' population? Also, if you could, please comment on the current program VA has for preventing at-risk veterans from becoming homeless.

Response: VA's outreach programs have had limited effectiveness, though PVA believes this may have more to do with limited funding rather than bad programs. This was part of the reason for PVA's support of H.R. 2559, the "Help Our Homeless Veterans Act." While VA argues that they already have this authority and resist the idea of a program targeting only veterans as prescribed in the legislation, in particular women veterans, PVA believes that a program narrowly focused at veterans

is appropriate. Veterans are a unique population with unique perspectives. A program that specifically addresses the characteristics of veterans, for example the idea that "veterans do not leave their comrades behind" or that veterans "take care of their own," may appeal to veterans resistant to coming in off the street. They may see it as a more understanding or welcoming environment. While these are only two examples, PVA believes that a targeted program may be more effective than one aimed generally at homelessness.

In addition, outreach that uses non-standard media outlets may better reach those who are at risk of becoming homeless, or as explained in our testimony, approaches aimed at family or friends of those at risk of homelessness. These may be the people who can best encourage an at-risk veteran to seek assistance or benefits they may be entitled to.

Question 3: You expressed your support for H.R. 2735 and the draft discussion bill to improve per diem grant payments.

H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

Response: PVA does not have a preference for either bill. Both are approaches that may increase the number of veterans served and the quality of services for homeless veterans. VA's homeless veterans' programs have historically been underfunded and increases are needed.

PVA's greatest concern with H.R. 2735 was with the possible impact on the total number of veterans served if increased funds are provided to geographic areas with no additional funds available to offset the reduced funds for other localities.

PVA recommends an analysis be conducted to determine the impact on total number of veterans served by these changes in funding methods. The Subcommittee should then recommend an increase in funding to maintain the level of services for homeless veterans to offset any reduction in total services due to increased payments to high cost geographic areas or by the establishment of the $60 guarantee per bed per day.

Question 4: You expressed PVA's concerns with the draft discussion bill to provide 25 percent of the per diem funding for organizations that do not meet the VA's current per diem requirements. The intent of this bill was to target smaller non-profits with less capacity that the bigger organizations. This would also have the effect of the money following the veterans so that the veteran has more choice and is not limited to help from the current list of organizations receiving per diem funding. Do you have suggestions on how we can help the smaller on-profits who help, let's say 70 percent instead of the required 75 percent of homeless veterans without opening the door to non-profits that do not serve any or just 1 percent of homeless veterans?

Response: While PVA understands the interest in providing homeless services to a wider range of homeless veterans including those served by the smaller non-profits, requiring that the Secretary "shall ensure that 25 percent of funds available" to these providers will force the Secretary to provide 25 percent of the already limited VA homeless funds in a less efficient manner. As a minimum, the legislation should be changed from "shall ensure that" to "may provide for." This would give the Secretary the flexibility to possibly fund these smaller homeless veteran providers if it will provide greater benefits to veterans. However, PVA firmly believes that some minimum floor for services to homeless veterans should be established. For example, if the homeless services provider must "furnish services to homeless individuals, of which not less than 25 percent are veterans," this may encourage the provider to conduct additional outreach to locate greater numbers of homeless veterans. For smaller providers, with limited numbers of beds, these numbers should not prove overly burdensome.

Committee on Veterans' Affairs
Subcommittee on Health
Washington, DC.
October 1, 2009

Honorable Eric K. Shinseki
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20240

Dear Secretary Shinseki:

Thank you for the testimony of Peter H. Dougherty, Director of Homeless Veterans Programs in the Office of Public and Intergovernmental Affairs at the U.S. House of Representatives Committee on Veterans' Affairs Subcommittee on Health legislative hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs that took place on October 1, 2009.

Please provide answers to the following questions by November 12, 2009, to Jeff Burdette, Legislative Assistant to the Subcommittee on Health.

1. Mr. Dougherty's testimony noted that the increase in authorization level for the GPD program provided in H.R. 2504 is insufficient to meet the goal of ending homelessness among our veterans within 5 years. What is your estimate of the funding needed for the GPD program to help meet the goal of ending veteran homelessness?
2. With regard to H.R. 2559, we recognize the broad statutory authority that the VA has for outreach. In addition to section 532, the VA has an entire chapter dedicated to outreach. The problem is that despite this broad outreach authority, we still have not seen much outreach materials from the VA in the way of a media campaign. This is why H.R. 2559 specifically directs the VA to target the issue of homelessness. Can you tell us whether the VA already has plans in place for a national media campaign addressing homelessness among veterans?
3. In Mr. Dougherty's testimony on H.R. 2735 he stated that "GPD is designed to support transitional housing for Veterans; however, in the last several years the program has expanded its range of services toward permanent housing to provide veterans stable and continuous care. VA generally supports this bill, but is apprehensive that this legislation will result in policy problems and lead to significantly higher costs." My question is two fold:

   What are the policy problems you are speaking of and please explain how it would lead to significantly higher costs.

4. The intent of H.R. 3073 was to help veterans who are in imminent danger of being homeless by providing payments for rent, mortgage, and/or utilities arrears for 3 months. Mr. Dougherty noted in his testimony that 3 months is too short of a time frame to remove the risk of homelessness. What is your recommended time frame for providing short-term assistance? Are you confident that the VA's existing efforts and authorities are sufficient to target and help veterans who are just one rent payment away from being homeless? Please explain what the VA's current preventive measures are for at-risk veterans.
5. I understand that the VA did not have sufficient time to comment on H.R. 3441, which would result in veterans automatically enrolling for VA health care. Earlier this year, Secretary Shinseki talked about wanting to create a database which would make it easier for the veteran to enroll and apply for VA services. Please provide a status update and explain whether the VA has made progress on this.
6. Please comment on VVA's idea of having only one project number in the case where residential programs wish to expand on original program. It seems that there is an added burden placed on the organizations because of the separate project numbers. Is there some barrier that exists that would preclude VA from streamlining this process so it is not so burdensome to those that wish to help homeless veterans?
7. You expressed your support for section ome of H.R. 2735.

H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost

of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs.

The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day.

Which of the two approaches to increasing per diem funding do you support and why?

Additionally, please answer the following question for Congressman Donnelly:

What specifically is the VA doing to assess and meet the psychiatric needs of our wounded warriors? Please identify any shortcomings in the current training of psychologists. Is there a shortage in trained personnel? The HHS has a proven graduate program for psychologists—can VA work with them and if not, why?

Thank you again for taking the time to answer these questions. The Committee looks forward to receiving your answers by November 12, 2009.

Sincerely,

MICHAEL H. MICHAUD
Chairman

Questions for the Record
Hon. Bob Filner, Chairman
Subcommittee on Health
House Committee Veterans' Affairs

Legislative Hearing on H.R. 1017, H.R. 1036, H.R. 2559, H.R. 2735, Homelessness, H.R. 3073 H.R. 3441, H.R. 2506 and Draft Discussions on Graduate Psychology Education, and Psychiatric Service Dogs

October 1, 2009

Question 1: Mr. Dougherty's testimony noted that the increase in authorization level for the GPD program provided in H.R. 2504 is insufficient to meet the goal of ending homelessness among our veterans within 5 years. What is your estimate of the funding needed for the GPD program to help meet the goal of ending veteran homelessness?

Response: At the hearing, VA testimony stated: "VA estimates that the proposed maximum annual authorization level of $200 million would be inadequate for the amounts of VA projects delivering comprehensive services through this important program. We recommend that a specific authorization funding level be dropped from the statute. This is a well established VA program and need not be constrained."

The Homeless Providers Grant and Per Diem Program (GPD) has assisted tens of thousands of Veterans reconnect with employment and families, while serving as a bridge to community independent living. VA has found that there are numerous communities and many Veterans that benefit from this program and we find, particularly in small and rural communities, that this program has served to bring together a multitude of service providers as it has aided these homeless Veterans. We hope to add additional transitional housing for Veterans in our attempt to end homelessness among Veterans as part of a comprehensive plan for the next 5 years. An increased authorization of appropriations would allow the GPD Program to continue to be one of the cornerstone programs of VA's efforts.

Under current law, per diem payments under this program are tied to the domiciliary care rate under the State Home Program. As VA attempts to ensure that the level of services in the existing program remains high and expands the availability to women Veterans, Veterans living on tribal lands and in rural areas, we will need additional funding to support the more than 600 existing community organizations that provide transitional housing services to Veterans.

Question 2: With regard to H.R. 2559, we recognize the broad statutory authority that the VA has for outreach. In addition to section 532, the VA has an entire chapter dedicated to outreach. The problem is that despite this broad outreach authority, we still have not seen much outreach materials from the VA in the way of a media campaign. This is why H.R. 2559 specifically directs the VA to target the issue of

homelessness. Can you tell us whether the VA already has plans in place for a national media campaign addressing homelessness among veterans?

Response: Congress has already provided the needed authority under Public Law 110–389, which created section 532 of title 38. This section authorized the Secretary to purchase advertising in national media outlets to promote awareness of benefits administered by the Secretary, including programs to assist homeless Veterans. VA believes this authority is preferable to H.R. 2559 as it does not require VA to target only Veterans. Targeting Veterans alone will not be sufficient to achieve the goal of ending Veteran homelessness, while a coordinated national campaign reaching Veterans, those who provide benefits and services, as well as the general public can help achieve this goal.

The effort to reach homeless Veterans has multiple factors including having personal contact not only by VA staff but in coordination with national, state and local partners. VA actively coordinates with our partners to engage and serve Veterans who are homeless.

To enhance current outreach efforts, a call center is being developed, which will provide homeless/at risk Veterans with timely and coordinated access to VA services and disseminate information to concerned family members and non-VA providers about all the programs and services available to serve these Veterans. Information and promotion for the call center will be disseminated through a national media campaign that will reach both community service providers and Veterans. This campaign will be comprised of an outreach and awareness public service effort, focused on increasing the public's awareness of services provided through VA, and the VA's efforts to end homelessness among Veterans.

Question 3: In Mr. Dougherty's testimony on H.R. 2735 he stated that "GPD is designed to support transitional housing for Veterans; however, in the last several years the program has expanded its range of services toward permanent housing to provide veterans stable and continuous care. VA generally supports this bill, but is apprehensive that this legislation will result in policy problems and lead to significantly higher costs." My question is two fold: What are the policy problems you are speaking of and please explain how it would lead to significantly higher costs.

Response: VA is supportive of H.R. 2735, however, as we expressed at the hearing, we support section one to allow service centers receiving grants from VA to use these funds for staffing to ensure services are provided during specified hours, as well as on an as-needed, unscheduled basis; however, we continue to have concerns regarding section two, which shifts from the "per diem" or "daily cost of care" approach to an "annual cost of furnishing services." Though this change may offer VA's partners needed capital and funds at the beginning of the fiscal year to support their work, it would require significantly more detailed auditing as well as increased direct oversight by VA.

As we testified, VA does not oppose removing the existing rate cap. Current law limits VA's GPD payments to the rate for state domiciliary care, and the difference between what VA pays and the actual cost is absorbed by the provider. Allowing the Secretary to establish the basis and the formula for payment based on cost and geographic location would increase the sustainability of community-based providers and promote increased and more comprehensive services for Veterans. We remain concerned the language of the bill is restrictive in that it only authorizes VA to increase the rate of payment from year to year; VA would be unable to respond to any situation or development that might *lower* the operating costs for grant recipients. As a result, VA could be forced to pay above-cost rates to providers. We continue to recommend the language be modified to say, "adjust," instead of "increase."

In addition, the bill would no longer require the Secretary to consider the availability of other sources of income for grant recipients potentially providing more funding than needed.

We would welcome the opportunity to discuss these issues with Committee staff so we can assist the Committee to fully evaluate the impact of this proposal.

Question 4: The intent of H.R. 3073 was to help veterans who are in imminent danger of being homeless by providing payments for rent, mortgage, and/or utilities arrears for 3 months. Mr. Dougherty noted in his testimony, "that 3 months is too short of a time frame to remove the risk of homelessness." What is your recommended time frame for providing short-term assistance? Are you confident that the VA's existing efforts and authorities are sufficient to target and help veterans who are just one rent payment away from being homeless? Please explain what the VA's current preventive measures are for at-risk veterans

Response: VA continues to support preventive measures for at-risk Veterans in principle, but does not support H.R. 3073 due to certain portions being duplicative of existing statutory authority and because we think it would not make the best use of Department resources. We continue to welcome the opportunity to assist the Committee staff to develop language that addresses these concerns.

The VA's Northeast Program Evaluation Center (NEPEC) states that in each of the past 2 years approximately 27,000 new users entered VA's specialized homeless services. Prevention efforts designed to reduce this influx will be important to VA's ability to meet its goal of ending homelessness among Veterans. Prevention focused programs include:

1. *Veterans Justice Outreach* (VJO): The purpose of the VJO initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.
2. *Health Care for Re-Entry Veterans* (HCRV): HCRV's goals are to prevent homelessness, reduce the impact of medical, psychiatric, and substance abuse problems upon community re-adjustment, and decrease the likelihood of re-incarceration for those leaving prison. HCRV provides outreach and pre-release assessments services for Veterans in prison; referrals and linkages to medical, psychiatric, and social services, including employment services upon release; short term case management assistance upon release.
3. *Veterans Homeless Prevention Demonstration Program* (VHPD): In the current fiscal year VA expects to issue a $10 million NOFA for VHPD. VHPD will provide short term housing assistance, first and last month's rent rental assistance, rent and utility arrearages and case management to coordinate these and other community base supportive serves appropriate for veterans and their families including but not limited to, child care, and family services.
4. *Supportive Services for Veteran Families* (SSVF): Next year VA expects to issue a Notice of Funding Availability for SSVF. Grantees will provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include a wide range of services that promote housing stability. In addition, grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veterans' families stay in or acquire permanent housing on a sustainable basis. In addition, VA is developing links with the Office of Child Support Enforcement in the Department of Health and Human Services (HHS).

In addition to the VA programs specifically designed to address prevention efforts, many VA services have integrated important prevention components. VA understands that many of the homeless it serves have significant mental health needs. In FY 2009, the VA's specialized homeless services worked with 92,625 Veterans. Of the 55,711 who completed formal intakes, half had a serious psychiatric illness and 62 percent were dependent on drugs and/or alcohol problem (NEPEC, 2010). Mental health and substance use disorders play a significant role, particularly in chronic homelessness.

VA has also sought to codify and implement best practices at mental health programs throughout the country, thereby strengthening efforts to successful treat the chronically homeless who are more likely to struggle with serious mental illness. National policies on suicide prevention and medication management have improved safety while the new Uniform Mental Health Services Handbook and the Mental Health Residential Rehabilitation Treatment Programs (MHRRTP) Handbook have expanded access by aiming "to ensure that all Veterans, wherever they obtain care in VHA, have access to needed mental health [and specialized mental health homeless] services". Drawn from best practices, these Handbooks give detailed guidance on how services should be structured.

These preventative measures will be part of the VA's Plan to work toward ending homelessness among Veterans within 5 years. We continue to remain concerned that the 3-month eligibility for the services offered under H.R. 3073 is too short to effectively remove the risk of homelessness for many Veterans and their families. For many Veteran homeowners with non-VA mortgages, temporary relief for 3 months would likely prove insufficient to resolve the underlying conditions contributing to their potential homelessness if the terms of the mortgage have changed, as they would under an adjustable-rate mortgage, rather than as a result of changes in their personal situations. It is suggested that a range be established (with more flexible time limits) so that each individual Veteran can be reviewed on a case-by-case basis, and provided with assistance to meet their particular needs. The Admin-

istration has pursued a number of initiatives to keep such homeowners, including Veterans, in their residences.

Question 5: I understand that the VA did not have sufficient time to comment on H.R. 3441, which would result in Veterans automatically enrolling for health care. Earlier this year, Secretary Shinseki talked about wanting to create a database which would make it easier for the Veteran to enroll and apply for VA services. Please provide a status update and explain whether VA has made progress on this.

Response: The Veterans Benefits Administration has several initiatives underway to improve service delivery and make it easier for Veterans to access benefits and services. The initiatives include the Veterans Benefits Management System, the Veterans Relationship Management Program, and the eBenefits portal.

The Veterans Benefits Management System initiative is an internal business transformation initiative supported by technology and designed to improve the delivery of Veterans benefits and services administered by VBA. It is a holistic solution that integrates a business transformation strategy to address process, people, and organizational structure and a 21st century paperless claims processing system—the Veterans Benefits Management System (VBMS).

This initiative is focused on five key elements: (1) Business process re-engineering will streamline and improve claims workflows and enable continuous improvement; (2) Communications and change management will address the "people and organizational structure" sides of the transformation effort; (3) Technology modernization will provide secure, end-to-end electronic claims workflow and data storage technology (VBMS); (4) Metrics and measurement systems will enable continuous feedback and improvement and increase accountability for performance; and (5) Enhanced data mining and predictive capabilities will help VBA anticipate Veterans' needs.

The Veterans Relationship Management Program (VRM) will leverage technological advances to learn more about the needs and preferences of our clients and allow VA to become more proactive in serving them in an integrated fashion. VRM will provide on-demand access to comprehensive VA services and benefits through a multi-channel (web-based, interactive voice response, etc.) client relationship management approach. Our employees will be empowered with rich, consistent data on our clients, while our clients will be empowered to perform self-service, on demand. VA will ensure that all channels through which Veterans choose to access our services are convenient, easy-to-use, and provide the same high level of quality service with privacy and security safeguards in place.

The eBenefits portal is a joint effort of VA and the Department of Defense (DoD). The eBenefits portal has been certified and accredited with user access to information controlled through the National Institute of Standards and Technology (NIST) standard credentials and the physical structure located within a secure Global Secure Systems (GSS) environment. The portal provides servicemembers, Veterans, families, and care providers with a secure, single sign-on process to their benefits and related services online (such as military personnel records and status of VA claims). Servicemembers will use this eBenefits account while on active duty and as Veterans following separation, allowing both DoD and VA to provide benefit updates and to deploy the right benefit information at the right time. Future eBenefits releases will provide additional self-service capabilities that empower users to electronically communicate with VA and DoD about their benefits and services from anywhere at anytime.

Question 6: Please comment on VA's idea of having only one project number in the case where residential programs wish to expand on original program. It seems that there is an added burden placed on the organizations because of the separate project numbers. Is there some barrier that exists that would preclude VA from streamlining this process so it is not so burdensome to those that wish to help homeless veterans?

Response: The Grant & Per Diem (GPD) Program currently has 550 projects with community providers which offer a total of 11,300 beds. Each grant-funded organization is inspected annually, which includes a review of the services provided as put forth in the original grant application. Occasionally those organizations awarded several grants request that the projects are consolidated into one award and project numbers combined. VA has accommodated these grantees as much as possible by allowing, in some cases, grant services to overlap when it is beneficial to Veteran participants in the program. However, to ensure that each grantee is performing according to the grant agreement and that payments for services are segregated by year and project, the GPD Program requires that these project numbers remain unique to the year awarded and services that are to be provided. The

requirement to track both services and funding is necessary for compliance with Federal grant rules. VA is required to ensure that services are provided under each grant award, according to these rules. Without separate project numbers, these awards would not be adequately monitored. Additionally, retaining individual identified project numbers allows VA to monitor the number of Veterans receiving services and Veteran outcomes of each program. This monitoring helps VA ensure that Veterans are getting quality services under all grant awards.

Question 7: You expressed your support for section one of H.R. 2735. H.R. 2735 would provide for an increase in per diem payments to reflect anticipated changes in the cost of furnishing services and to take into account the cost of providing services in a particular geographic area. It would also make these payments based on annual costs instead of daily costs. The draft discussion bill to improve per diem grants takes a different approach. It would maintain the payments based on daily costs, but would increase the reimbursement rates to the higher of the cost of daily cost of care as estimated by the grantee or $60 per bed, per day. Which of the two approaches to increasing per diem funding do you support and why?

Response: It seems prudent to ensure that all resources to support community providers are given in the most appropriate manner. Given the choices offered we would be supportive of providing payments related to the specific costs related to providing those services to Veterans in a given geographic area. A rate of $60 may be warranted in some areas but exceeds costs for many areas based on our experience.

Questions from Congressman Donnelly

Question 1: What specifically is VA doing to assess and meet the psychiatric needs of our wounded warriors?

Response: The Department of Veterans Affairs (VA) has a comprehensive plan for wounded warriors and provides a full array of services to address their psychiatric needs. Specifically for the treatment of Post-Traumatic Stress Disorder (PTSD), VA operates an internationally recognized network of more than 200 specialized programs through its medical centers and clinics. Every VA medical center has outpatient PTSD specialty capability. PTSD programs provide a comprehensive continuum of care from outpatient PTSD Clinical Teams (PCT) through specialized inpatient units, brief-treatment units, and residential rehabilitation treatment programs. All PTSD Teams have a substance use disorder specialist assigned to them to provide care for concurrent substance use disorders. All Veterans Integrated Service Networks (VISNs) must have specialized residential or inpatient care programs to treat Veterans with severe symptoms and impairments related to PTSD. In addition, there are increasing numbers of PTSD programs or tracks within PTSD programs to meet special needs such as Veterans who are survivors of military sexual trauma. Mental health programs, especially those for Operation Enduring Freedom/Operating Iraq Freedom (OEF/OIF) Veterans, have ties to the national, regional and local rehabilitation programs for polytrauma and traumatic brain injury. VA increased funding for post-traumatic stress disorder (PTSD) treatment by more than 13 percent for FY 2010, for a total of over $354 million.

VA has focused efforts on the early identification and management of stress related disorders in order to decrease the long term disease burden on returning troops. OEF/OIF Veterans coming to VA for the first time are screened for the presence of symptoms of PTSD, depression and alcohol abuse. The same screening for these conditions is repeated on an annual basis for new or existing Veterans of any service era. Should the Veteran screen positive for any of these conditions, further evaluation and appropriate treatment are provided. VA has established Serving Returning Veterans-Mental Health (SeRV–MH) Teams in over 90 VA Medical Centers to provide care specifically for returning OEF/OIF Veterans. SeRV–MH Team and PTSD Clinical Team staff provide collaborative, co-located care for Veterans in Primary Care Post Deployment Health Clinics. Mental health clinicians are also part of the staff of each of the Level 1 Polytrauma Centers across the nation.

VA is disseminating across the system both Cognitive Processing Therapy and Prolonged Exposure, which are evidence-based therapies cited by the Institute of Medicine Committee on Treatment of PTSD as proven effective treatments for PTSD. More than 2,500 providers are trained in this type of treatment including 81 Vet Center staff. VA requires that all facilities make this therapy available to any eligible Veteran who may benefit.

VA's National Center for PTSD is conducting an ongoing teleconference seminar series on best practices in pharmacotherapy for PTSD. As a separate initiative, a PTSD Mentor system has been established across every VISN to ensure coordina-

tion of care within facilities, VISNs and the nation. The PTSD Mentor program is coordinated by VA's National Center for PTSD.

Question 2: Please identify any shortcomings in the current training of psychologists.

Response: VA is proud of its clinical training programs in Psychology and knows no identifiable shortcomings in its training programs.

VA sponsors 90 psychology internship programs, with 435 full time, year-long, paid positions. The internship is the last phase of training required for completion of the doctorate in psychology; it must be completed in a clinical setting where there are strong training opportunities and quality education and supervision. VA also sponsors 200 postdoctoral fellowship positions in 54 programs. Supervised postdoctoral experience makes a candidate license-eligible and allows specialized training in areas critical to VA such as PTSD, Traumatic Brain Injury (TBI), Polytrauma, or Primary Care health psychology.

There are two primary indicators of quality for VA's training programs. First, all of our internship programs are fully accredited or in the final stages of obtaining accreditation by the American Psychological Association. Second, VA's training programs are in high demand. All of them have many applications for each opening and are thereby able to select very highly qualified candidates for each position. VA training programs are highly respected in the national psychology community and are seen as a valuable national resource. Their focus on Veteran needs ensures that VA has a highly regarded pipeline of well trained, Veteran focused psychologists from which to recruit and hire for its mental health treatment needs.

Question 3: Is there a shortage in trained personnel?

Response: While there is no evidence of a widespread shortage of trained mental health professionals, it has been VA's experience that in certain localities, particularly highly rural regions, there may be a limited number of particular mental health professionals, namely psychiatrists. Specific incentives have been developed and used in such situations. In addition to opportunities for education debt reduction, VHA has established opportunities for facilities to engage in local advertising and recruitment activities, and to cover interview-related costs, relocation expenses, and provide hiring bonuses for certain applicants. Moreover, flexibility is provided to hire providers of other appropriate disciplines or to utilize fee-basis or contract care, when indicated, so that Veterans have continuous access to the full continuum of mental health services.

Question 4: The HHS has a proven graduate program for psychologists—can VA work with them and, if not, why?

Response: Yes, VA could work directly with HHS to provide graduate psychology education. However, HHS's and VA's training programs serve different purposes, so it would be inefficient and counter-productive to merge the programs.

Based on their respective missions, there is a fundamental difference in how HHS and VA approach psychology training. HHS's Graduate Psychology Education (GPE) program provides grants to universities, professional schools, and hospitals to subsidize psychology training in targeted content areas at the graduate program level and at the internship level. VA, on the other hand, provides stipends directly to trainees in VA internship and post-doctoral programs in psychology. The GPE program serves HHS's purposes by enhancing general psychology training, whereas VA's program funds education and training that is specialized and specific to the needs of veterans.

VA psychology training plays a crucial role in VA's operation. Seventy percent of VA psychologists are products of our own training programs. With the current emphasis on mental health needs of Veterans, it would be unwise to disrupt this very important, specifically tailored, recruitment pipeline.