STATEMENT OF

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PARALYZED VETERANS OF AMERICA

BEFORE THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

CONCERNING

PENDING LEGISLATION FOR THE 111TH CONGRESS

APRIL 22, 2009

Chairman Akaka, Ranking Member Burr, and members of the Committee, on behalf of Paralyzed Veterans of America (PVA), I would like to thank you for the opportunity to present our views on pending legislation before the committee. We hope that the Senate Committee on Veterans' Affairs will take our concerns under consideration as it moves its legislation forward in the 111th Congress. Mr. Chairman, we appreciate the legislative successes that veterans have realized under your leadership and we look forward to continued success in the future. PVA continues to work on issues important to our members, veterans with spinal cord injury or dysfunction, specifically, and to all veterans.

S. 423 – the "Veterans Health Care Budget Reform and Transparency Act of 2009"

Chairman Akaka, on behalf of PVA and our 20,000 members, I want to thank you and the other members of the committee, for introducing S. 423, the "Veterans Health Care Budget Reform and Transparency Act of 2009", that will reform the Department of Veterans Affairs (VA) budget process by providing advance appropriations for veterans' health care. Your legislation was developed in consultation with the Partnership for Veterans Health Care Budget Reform (the Partnership) — a group that consists of nine major veterans service organizations, including Paralyzed Veterans of America. For more than a decade, the Partnership has worked to achieve a sensible and lasting reform of the funding process for veterans' health care. While the Partnership has long advocated converting VA's medical care funding from discretionary to mandatory funding, there has been virtually no movement in Congress in this direction.

The Veterans Health Care Budget Reform and Transparency Act would ensure that the goals of the Partnership — sufficient, timely, and predictable funding — are met. Historically, advance appropriations have been used to make a program function more effectively, better align with funding cycles of program recipients, or provide insulation from annual partisan political maneuvering. By moving to advance appropriations, veterans' health care programs will accrue all three of these benefits.

To enhance the budget process even further, the legislation includes provisions to add transparency and oversight to VA's internal budget forecasting model. Due to the complex nature of VA's actuarially-based Model, S. 423 will require GAO to conduct an annual audit and assessment of the Model to determine its validity and accuracy, as well as assess the integrity of the process and the data upon which it is based. GAO would submit public reports to Congress each year that would assess the Model and include an estimate of the budget needs for VA's medical care accounts for the next two fiscal years. Providing Congress with access to the Model and its estimates of VA health care's resource needs, would create greater confidence in the accuracy of advance appropriations for veterans' medical care, as well as validate future requests for emergency supplemental appropriations.

Additionally, the Senate budget committee agreed with the value of advance appropriations for VA and included language in their recent budget resolution calling for advance appropriations for the VA medical care appropriation. Moreover, President Obama recently reaffirmed his support for advance appropriations. PVA strongly supports S. 423.

S. 821 – Elimination of Co-Payments for Priority Group 4 Veterans

PVA supports S. 821, to prohibit the Secretary of VA from collecting co-payments from catastrophically disabled veterans and we applaud Senator Sanders for introducing this important and overdue legislation. This legislation is critical to PVA members, many of whom receive 85 to 90 percent of their care from the VA.

In 1985, Congress approved legislation which opened the VA health system to all veterans. In 1996, Congress again revised that legislation with a system of rankings establishing priority ratings for enrollment. Within that context, PVA worked hard to ensure that those veterans with catastrophic disabilities would be placed in a higher enrollment category. To protect their enrollment status, veterans with catastrophic disabilities were allowed to enroll in Priority Group Four even though their disabilities were non-service connected and regardless of their incomes. However, unlike other Category Four veterans, if they would otherwise have been in Category Seven or Eight, due to their incomes, they would still be required to pay all fees and co-payments, just as others in those categories do now for every service they receive from VA.

PVA believes this is unjust. VA recognizes these veterans' unique specialized status on the one hand by providing specialized service for them in accordance with its mission to provide for special needs. The system then makes them pay for those services. Unfortunately, these veterans are not casual users of VA health care services. Because of the nature of their disabilities they require a lot of care and a lifetime of services. In most instances, VA is the only and the best resource for a veteran with a spinal cord injury, and yet, these veterans, supposedly placed in a higher priority enrollment category, have to pay fees and co-payments for every service they receive as though they had no priority at all.

We were pleased that the House Committee on Veterans' Affairs approved and the House of Representatives eventually passed legislation — H.R. 6445 — to eliminate this financial burden placed on catastrophically disabled veterans during the 110th Congress. In fact, the House bill received unanimous support from Republicans and Democrats as well as the VA. Unfortunately, the Senate never took action on the measure and the legislation was never enacted. On March 5, 2009, Mrs. Halvorson introduced legislation in the House of Representatives, H.R. 1335, that will again attempt to remove this unjust burden. Together with S. 821, we hope that with your leadership, we will finally be able to resolve this issue during the 111th Congress.

S. 801 – the "Family Caregiver Program Act of 2009"
S. 543 – the "Veteran and Servicemember Caregiver Support Act of 2009"

Regarding family caregiver services, we applaud the introduction of both S. 801, the "Family Caregiver Program Act of 2009" and S. 543, the "Veteran and Servicemember Caregiver Support Act of 2009" and strongly support the legislation. While we believe S. 543 certainly expands caregiver assistance opportunities, we prefer the provisions of S. 801 because it is more broadly focused. This training and assistance is a critical aspect of preparing caregivers to care for a family member. PVA would like to thank the congressional staffs for their work on both S. 801 and S. 543 to insure these critical issues are properly addressed. The only concern that PVA would like to address in the legislation is the significant use of the word "may" instead of "shall" in areas identifying requirements of the Secretary. Our fear is that if VA is faced with the budget challenges

that inevitably will occur, will all the value of the caregiver programs be lost as they fall to the budget ax. This must not be allowed to happen.

There are approximately 44 million individuals across the United States that serve as caregivers on a daily basis. The contributions of caregivers in today's society are invaluable economically as they obviate the rising costs of traditional institutional care. The services rendered by caregivers are also priceless socially and emotionally, as they allow ailing and disabled veterans to live more independently and often in the comfort of their own homes with their friends and family.

As the veteran community is aware, family caregivers also provide mental health support for veterans dealing with the emotional, psychological, and physical effects of combat. Many PVA members with spinal cord injury also have a range of co-morbid mental illnesses, therefore, we know that family counseling and condition specific education is fundamental to the successful reintegration of the veteran into society. Providing education and training to family caregivers will pay dividends in care well beyond any costs associated with the program.

The aspects of personal independence and quality care are of particular importance to veterans with spinal cord injury/dysfunction. Paralyzed Veterans has over 60 years of experience understanding the complex needs of spouses, family members, friends, and personal care attendants that love and care for veterans with life long medical conditions. As a result of today's technological and medical advances, veterans are withstanding combat injuries and returning home in need of medical care on a consistent basis. Such advances are also prolonging and enhancing the lives and physical capabilities of injured veterans from previous conflicts. No matter the progress of modern science, these veterans need the health-care expertise and care from a health team comprised of medical professionals, mental health professionals, and caregivers. As a part of the health care team, caregivers must receive ongoing support to provide quality care to the veteran. It is for this reason, we are happy to see that S. 801 includes provisions for conducting caregiver assessments that identify the needs and problems of caregivers currently caring for veterans. The VA must also work to enforce and maintain an efficient case management system that assists veterans and family caregivers with medical benefits and family support services.

Our experience has shown that when the veteran's family unit is left out of the treatment plan, the veteran suffers with long reoccurring medical and social problems. However, when family is included in the health plan through services such as VA counseling and education services, veterans are more apt to become healthy, independent, and productive members of society.

S. 772 – the "Honor Act of 2009"

PVA supports this legislation and would like to thank Senator Bond for his introduction of S. 772, the "Honor Act of 2009." Mental health issues continue to be a growing problem for those who have witnessed the horrors and traumatic events of war. Evidence continues to show that the prevalence of mental illness is high in veterans who have served in Iraq and Afghanistan. Combat exposure coupled with long and frequent deployments are associated with an increased risk for Post Traumatic Stress Disorder (PTSD) and other forms of mental illness. In fact, the VA reports that Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans have sought care for a wide array of possible co-morbid medical and psychological conditions, including adjustment disorder, anxiety, depression, PTSD, and the effects of substance use disorder.

The impact of a veteran's mental illness is far reaching and obviously has serious consequences for the individual veteran being affected, but perhaps less obvious are the serious consequences, stemming from a veteran's mental illness, that confront his or her spouse, their children and other family members. With this in mind, Paralyzed Veterans believes that Congress should formally authorize, and VA should provide, a full range of psychological and social support services as an earned benefit to family and non-family caregivers of severely injured and ill veterans.

The scholarships and other provisions of S. 772 create opportunities to increase the number of mental health professionals to provide for veterans with mental health challenges. Additionally, we applaud provisions expanding Vet Center opportunities for those who would not be authorized counseling services. But PVA believes that Vet Centers should also increase coordination with VA medical centers to accept referrals for family counseling; increase distribution of outreach materials to family members with tips on how to better manage the dislocation; improve reintegration of combat veterans who are returning from deployment; and provide information on identifying warning signs of suicidal ideation so veterans and their families can seek help with readjustment issues. PVA believes that an effective mental illness family counseling and education program can improve treatment outcomes for veterans, facilitate family communication, increase understanding of mental illness, and increase the use of effective problem solving and reduce family tension.

S. 669 – the "Veterans 2nd Amendment Protection Act"

Regarding S. 669, the "Veterans 2nd Amendment Protection Act", PVA has not taken a position on this legislation.

S. 252 – the "Veterans Health Care Authorization Act of 2009"
S. 246 – the "Veterans Health Care Quality Improvement Act"

PVA's primary concern, and the basic reason for our existence, is the health and welfare of our members and our fellow veterans. The thousands of VA healthcare professionals and all of those individuals necessary to support their efforts are at the core of VA's primary mission. These individuals serve on the front line every day, caring for America's wounded veterans from Iraq and Afghanistan and seeing to the complex medical needs of our countries older veterans from previous wars. PVA believes that VA's most important asset is the people it employs to care for those who have served our nation. By the number of bills today regarding the subject of staffing of VA, we can see it is of concern to the committee as well.

Mr. Chairman, PVA appreciates the comprehensive nature of S. 252, the "Veterans Health Care Authorization Act of 2009" and supports the overall provisions of the legislation. It clearly outlines multiple approaches to increasing the competitiveness of VA for hiring health care providers including changes to pay computation, exemptions from limitations on competitive pay and opportunities for additional nurse pay. In addition, changes to educational assistance programs and employee retention programs will provide incentives to keep those already skilled employees in the VA system.

Given the Veterans Health Administration's (VHA) leadership position as a health system, it is imperative that VA aggressively recruit health care professionals and work within established relationships with academic affiliates and community partners to recruit new employees. In order to make gains on these needs, VA must update and streamline its human resource processes and policies to adequately address the needs of new graduates in the health sciences, recruits, and current VA employees. Today's health care professionals and other staff who work alongside them need improved benefits, such as competitive salaries and incentives, child care, flexible scheduling, and generous educational benefits. VA must actively address the factors known to affect current recruitment and retention, such as fair compensation, professional development and career mobility, benevolent supervision and work environment, respect and recognition, technology, and sound, consistent leadership, to make VA an employer of choice for individuals who are offered many attractive alternatives in other employment settings.

The United States is currently in the tenth year of a critical nursing shortage which is expected to continue through 2020. The shortage of registered bed-side nurses and registered nurse specialists is having an impact on all aspects of acute and long-term care. America's nursing shortage has created nurse recruitment and retention challenges for medical-care employers nationwide and is making access to quality care difficult for consumers.

VA's ability to sustain a full complement of highly skilled and motivated personnel will require aggressive and competitive employment hiring strategies that will enable it to successfully compete in the national labor market. VA's employment success within the VHA will require constant attention by the very highest levels of VA leadership.

Additionally, Members of Congress must understand the gravity of VA personnel issues and be ready to provide the necessary support and oversight required to ensure VA's success. The legislation presented today demonstrates without doubt that the committee understands these issues.

PVA is concerned about the VA's current ability to maintain appropriate and adequate levels of physician staffing at a time when the nation faces a pending shortage of physicians. Recent analysis by the Association of American Medical Colleges (AAMC) indicates the United States will face a serious doctor shortage in the next few decades. The AAMC goes on to say that currently, "744,000 doctors practice medicine in the United States, but 250,000 – one in three are over the age of 55 and are likely to retire during the next 20 years." The subsequent increasing demand for doctors, as many enter retirement, will increase challenges to VA's recruitment and retention efforts.

Contributing to the problem for veterans is the need for care in rural America. The tremendous increase in veterans due to the wars in Afghanistan and Iraq is leading to greater numbers of veterans located in rural areas where only 10 percent of physicians practice. Additionally, those living in rural areas generally are more likely to live below the poverty line.

Because 40 percent of nearly 2 million VA health care users reside in rural areas, including 80,000 who live in highly rural areas, they often have worse physical and mental health quality of life. Exacerbating the problem is that 44 percent of newly returning veterans from OEF/OIF live in rural areas. While VA may be working in good faith to address its shortcomings in rural areas, it clearly still faces major challenges and hurdles.

PVA supports the provisions of S. 246, including loan repayment, tuition reimbursement and other incentives, if fully implemented, should help alleviate some level of this challenge by providing incentives to physicians to accept service in hard-to-fill positions. We applaud Senator Durbin for his far reaching initiative to provide for all veterans, even though they may live far from our urban centers.

Mr. Chairman, we also applaud the inclusion of language from S. 246 in S. 252 to insure the disclosure of certain physician information before their appointment to VA regarding lawsuits and civil actions against the individual for medical malpractice. Physicians providing care to our honored veterans must be of the highest quality. PVA understands that in this era of often frivolous medical lawsuits, physicians may be challenged and may settle lawsuits for which there was no medical wrongdoing. PVA believes the best way to guarantee the highest quality of physician in the VA system is to be forthright with information and allow the full examination of the record to prevent any future doubts. Additionally, the establishment of Quality Management Officers as outlined in both S. 252 and S. 246 should help insure the highest quality of care is provided to our veterans.

PVA strongly supports provisions of S. 252 regarding Nonprofit Research and Education Corporations. This legislation will modernize and clarify the existing statutory authority for VA-affiliated nonprofit research and education corporations (NPCs). This bill will allow the NPCs to fulfill their full potential in supporting VA research and education, which ultimately results in improved treatments and high quality care for veterans, while ensuring VA and congressional confidence in NPC management.

Since passage of P.L. 100-322 in 1988 (codified at 38 U.S.C. § 7361-7368), the NPCs have served as an effective "flexible funding mechanism for the conduct of approved research and education" performed at VA medical centers across the nation. NPCs provide VA medical centers with the advantages of on-site administration of research by nonprofit organizations entirely dedicated to serving VA researchers and educators, but with the reassurance of VA oversight and regulation. During 2007, 85 NPCs received nearly $230 million and expended funds on behalf of approximately 5,000 research and education programs, all of which are subject to VA approval and are conducted in accordance with VA requirements.

NPCs provide a full range of on-site research support services to VA investigators, including assistance preparing and submitting their research proposals; hiring lab technicians and study coordinators to work on projects; procuring supplies and equipment; monitoring the VA approvals; and a host of other services so the principal investigators can focus on their research and their veteran patients.

Beyond administering research projects and education activities, when funds permit, these nonprofits also support a variety of VA research infrastructure expenses. For example, NPCs have renovated labs, purchased major pieces of equipment, staffed animal care facilities, funded recruitment of clinician-researchers, provided seed and bridge funding for investigators, and paid for training for compliance personnel.

Although the authors of the original statute were remarkably successful in crafting a unique authority for VA medical centers, differing interpretations of the wording and the intent of Congress, gaps in NPC authorities that curtail their ability to fully support VA research and education, and evolution of VA health care delivery systems have made revision of the statute increasingly necessary in recent years. S. 252 will allow the NPCs to better serve VA research and education programs while maintaining the high degree of oversight applied to these nonprofits.

The legislation reinforces the idea of "multi-medical center research corporations" which provides for voluntary sharing of one NPC among two or more VA medical centers, while still preserving their fundamental nature as medical center-based organizations. Moreover, accountability will be ensured by requiring that at a minimum, the medical center director from each facility must serve on the NPC board. This authority will allow smaller NPCs to pool their administrative resources and to improve their ability to achieve the level of internal controls now required of nonprofit organizations.

The legislation also clarifies the legal status of the NPCs as private sector, tax exempt organizations, subject to VA oversight and regulation. It also modernizes NPC funds acceptance and retention authorities as well as the ethics requirements applicable to officers, directors and employees and the qualifications for board membership. Moreover, it clarifies and broadens the VA's authority to guide expenditures.

PVA has been a strong supporter of the NPCs since their inception, recognizing that they benefit veterans by increasing the resources available to support the VA research program and to educate VA health care professionals.

S. 597 – the "Women Veteran Health Care Improvement Act of 2009"

As stated above, the number of rural veterans is increasing, but in addition, there has been a dramatic increase in the number of women veterans now using VA facilities. PVA fully supports S. 597, the "Women Veterans Health Care Improvement Act of 2009", language that has been incorporated into S. 252. Women have played a vital part in the military service throughout our history. In the last 50 years their roles, responsibilities, and numbers have significantly increased. Current estimates indicate that there are 1.8 million women veterans comprising nearly 8 percent of the United States veteran population. According to Department of Defense (DoD) statistics, women service members represent 15 percent of active duty forces, 10 percent of deployed forces, 20 percent of new recruits, and are a rapidly expanding segment of the veteran population.

Historically, women have represented a small numerical minority of veterans who receive health care at VA facilities. However, if women veterans from Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) continue to enroll at the current enrollment rate of 42.5 percent, it is estimated that the women using VA health care services will double in two to four years.

As the population of women veterans undergoes exponential growth in the next decade, VA must act now to prepare to meet the specialized needs of the women who served. Overall the culture of VA needs to be transformed to be more inclusive of women veterans and must adapt to the changing demographics of its women veteran users—taking into account their unique characteristics as young working women with childcare and eldercare responsibilities. VA needs to ensure that women veterans' health programs are enhanced so that access, quality, safety, and satisfaction with care are equal for women and men.

This legislation is meant to expand and improve health care services available in the VA to women veterans, particularly those who have served in OEF/OIF. More women are currently serving in combat theaters than at any other time in history. As such, it is important that the VA be properly prepared to address the needs of what is otherwise a unique segment of the veteran population.

Title I of S. 597 would authorize a number of studies and assessments that would evaluate the health care needs of women veterans. Furthermore, these studies would also identify barriers and challenges that women veterans face when seeking health care from the VA. Finally, the VA would be required to assess the programs that currently exist for women veterans and report this status to Congress. We believe each of these studies and assessments can only lead to higher quality care for women veterans in the VA. They will allow the VA to dedicate resources in areas that it must improve upon.

Title II of the bill would target special care needs that women veterans might have. Specifically, it would ensure that VA health care professionals are adequately trained to deal with the complex needs of women veterans who have experienced sexual trauma. Furthermore, it would require the VA to develop a pilot program to evaluate the feasibility and advisability of providing reintegration and readjustment services to recently separated women veterans in a retreat setting. Additionally, the legislation calls for the inclusion of recently separated women veterans on advisory committees to allow them to provide their unique perspective as veterans issues are considered. This together with programs to subsidize child care for certain women veterans receiving health care and those receiving maternity care, will provide an excellent environment that considers the unique needs of women veterans. While many veterans returning from OEF/OIF are experiencing symptoms consistent with PTSD, women veterans are experiencing unique symptoms also consistent with PTSD. It is important that the VA understand these potential differences and be prepared to provide care.

PVA views this proposed legislation as necessary and fully supports the Chairman's decision to include the language of S. 597 within S. 252. The degree to which women are now involved in combat theaters must be matched by the increased commitment of the VA, as well as the Department of Defense, to provide for their needs when they leave the service. We cannot allow women veterans to fall through the cracks simply because programs in the VA are not tailored to the specific needs that they might have. Finally, we would encourage the committee to review the extensive policy section in the FY 2010 edition of *The Independent Budget*—"Women Veterans' Health and Health Care Programs."

S. 793 – the "Department of Veterans Affairs Vision Scholars Act of 2009"

As in previous bills, S. 793, the "Department of Veterans Affairs Vision Scholars Act of 2009", provides increased services for an additional at-risk group, veterans with vision impairments. PVA has consistently supported the protection of specialized services and supports S. 793. As with other specialty fields, VA suffers from a shortage of blind rehabilitation specialists. The scholarship program proposed in this legislation should encourage individuals to enter this field to provide rehabilitation services to veterans with visual impairments. However, it is critical that the provisions of the legislation concerning outreach and the publication of the program be aggressively pursued.

Those who may take advantage of the scholarship program will be unable to if they do not know about it.

S. 362 to improve collective bargaining rights and procedures

PVA supports S. 362 introduced by Sen. Rockefeller that will more quickly resolve adverse actions and set deadlines for final decisions.

S. 734 – the "Rural Veterans Health Care Access and Quality Act of 2009"
S. 658 – the "Rural Veterans Health Care Improvement Act of 2009"

PVA recognizes that there is no easy solution to meeting the needs of veterans who live in rural areas. These veterans were not originally the target population of men and women that the VA expected to treat. However, the VA decision to expand to an outpatient network through community-based outpatient clinics reflected the growing demand on the VA system from veterans outside of typical urban or suburban settings. As discussed previously regarding S. 246, 40 percent of nearly 2 million VA health care users reside in rural areas, with 44 percent of newly returning veterans from OEF/OIF living in rural areas.

PVA supports S. 734, the "Rural Veterans Health Care Access and Quality Act of 2009", and its provisions to increase the number of health care professionals in rural areas. Enhancement of the education debt reduction program at VA for those who accept placement in rural areas is an efficient method, though it is only one method. In addition, the pilot program on incentives for physicians who assume inpatient responsibilities may also encourage health care professionals to locate in rural areas. But these are short term fixes. For this reason we welcome the legislation's call for a five-year strategic plan by VA with goals for recruitment and retention of health care personnel in rural areas. The challenge of this problem must be met by multiple solutions. The inclusion of legislative provisions to expand teleconsultation and telemedicine can help to provide services that may not be generally available to rural communities.

PVA supports S. 658, the "Rural Veterans Health Care improvement Act of 2009", which includes additional methods for improving rural health care. The creation by VA of Centers of Excellence for rural care research, education and clinical activities may help shed light on how best to provide services in rural areas. PVA supports the oversight of these centers by the Director of the Office of Rural Health (ORH)and encourage close coordination among the centers and the ORH if more than one center is established. The most important provision may be to develop and implement innovative clinical activities and systems of care for veterans in rural areas. In addition, demonstration projects on alternatives for expanding care may be beneficial. While all these ideas are welcome, the greatest need still is for qualified health care providers to be located in

rural settings. Only significant incentives and opportunities for these professionals will bring them to these often remote areas.

PVA also supports the provisions of S. 658 dealing with our Native American veterans by establishing Indian Veterans Health Care Coordinators as well as provisions for a program of readjustment and mental health care services to veterans who have served in Operation Iraqi Freedom and Operation Enduring Freedom.

S. 404 – the "Veterans' Emergency Care Fairness Act of 2009"

Mr. Chairman, PVA strongly supports S. 404, the "Veterans' Emergency Care Fairness Act of 2009" which will remove an unfair burden on our veterans. The legislation will expand eligibility for emergency medical care for some veterans. Currently, veterans who have a third-party insurance provider that pays a portion of medical expenses in the event of an emergency, do not have the balance of their medical expenses covered by the VA. Having the VA function as a secondary payer should eliminate that situation. It will prevent the VA from denying payment for emergency service at non-VA hospitals when a veteran is partially covered by their third-party insurance.

S. 498 – Authorize dental insurance for veterans and survivors and dependents

Regarding S. 498, legislation to authorize dental insurance for veterans and survivors and dependents of veterans, PVA recommends caution in pursuing this legislation. We are concerned with the provisions which appear to establish VA as an insurance company, with the Secretary providing dental insurance, identifying dental benefits and treatment, establishing premium rates and managing enrollment and disenrollment. S. 252 includes similar language, but establishes the program as a pilot. This is a direction that PVA believes is inappropriate for VA. If this need is sufficiently significant for VA to establish an insurance program, PVA recommends that existing VA facilities and capability be expanded to meet this need.

S. 239 – the "Veterans Health Equity Act of 2009"

The intent of S. 239, the "Veterans Health Equity Act of 2009", is to ensure veterans receive care close to their homes to avoid the time and health hazards of traveling long distances for care. Though the idea of contract care for those displaced from VA facilities appears like the simple and obvious choice, there are many drawbacks with the use of VA contracting authority.

VA already has contracting ability, but it is generally limited to care VA can not provide at its facilities. Allowing an expansion of this authority to provide for general care has the potential to result in the decline of VA as a system of care for veterans as more and more locations seek to provide care closer to the veteran and away from VA facilities.

PVA believes that while this may be useful for some veterans, those with the greatest need for VA care, those with catastrophic spinal cord injuries and disease and other specialized services that depend on a well funded VA system, will see reduced availability of services provided most effectively by VA.

While PVA is seriously concerned about the ability of VA to continue providing high quality specialized services, we also recognize the serious challenges faced by veterans in states with limited VA facilities. PVA acknowledges something must be done, and it is VA's responsibility to determine what steps should be taken to address this problem. Mr. Chairman, we would encourage VA to examine possible alternatives to provide care that will not damage or interfere with the care system and services currently provided to veterans. Though PVA believes that any outside contract care which meets the standard of VA services will be more expensive, an examination of this option, with appropriate coordination of care to ensure veterans are receiving the best care possible, may be an option for a future program. However, any pilot or demonstration program implemented by VA should use separately designated and appropriated funds outside of VA's normal budget and must ensure coordination with VA to maintain a continuity of records between contract care providers and VA to protect veterans when they return to a regular VA care facility.

In a time of tight budgets and increasing need due to returning Afghanistan and Iraq combat veterans, the pressures on VA to find less expensive and more widely available methods to provide care for these veterans can become overwhelming. But any modifications to VA care must ensure that veterans most in need of the specialized care provided best by VA do not suffer from any changes made to the system.

S. 226 – Merril Lundman Department of Veterans Affairs Outpatient Clinic
S. 509 – Authorize Medical facility in Walla Walla, Washington
S. 699 – Far South Texas Veterans Medical Center Act of 2009

PVA has no position on these proposed bills. All deal specifically with local issues or needs and we believe they should be considered within the local needs for facilities and the ability to provide veterans' services. PVA believes naming issues should be considered by the local community with input from veterans organizations within that community. For construction projects and the authorization of new facilities, PVA believes that if a demonstrated need exists, VA should establish facilities that will provide the best care for veterans in the area.

Mr. Chairman, PVA sincerely appreciates the opportunity to provide our views on this important legislation and would be pleased to provide any additional information. We would also point out that much of this legislation is discussed in much greater detail in the 23rd edition of *The Independent Budget*.

This concludes my testimony and I will be happy to answer any questions you may have.

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Blake Ortner is the Senior Associate Legislative Director with Paralyzed Veterans of America (PVA) at PVA's National Office in Washington, D.C. He is responsible for federal legislation and government relations, as well as budget analysis and appropriations. He represents PVA to federal agencies including the Department of Labor, Office of Personnel Management, Department of Defense, HUD and the VA. In addition, he is PVA's representative on issues such as Gulf War Illness and homeless veterans, and he coordinates issues with other Veteran Service Organizations. He also served as the disability advisor for the dedication ceremonies of the Korean War Veterans Memorial.

He has served as the Chair for the Subcommittee on Disabled Veterans (SODV) of the President's Committee on the Employment of People with Disabilities (PCEPD) and as a member of the Department of Labor's Advisory Committee on Veterans' Employment and Training (VETS) and the Veterans Organizations Homeless Council (VOHC).

A native of Moorhead, Minnesota, he attended the University of Minnesota in Minneapolis on an Army Reserve Officer Training Corps (ROTC) scholarship. He graduated in 1983 with an International Relations degree and was commissioned as a Regular Army Infantry Second Lieutenant. He was stationed at Ft. Lewis, WA, where he served with the 9th Infantry Division and the Army's elite 2nd Ranger Battalion. He left active duty in September 1987.

He continues his military service as an Infantry Colonel in the Virginia Army National Guard. From 2001-2002, he served as Chief of Operation for Multi-National Division North for the SFOR 10 peacekeeping mission to Bosnia-Herzegovina. From 2004-2005 he commanded an Infantry Battalion Task Force in Afghanistan earning 2 Bronze Star Medals. Most recently, from June 2007 to June 2008, he served in Iraq as the Chief of Operations for Multi-National Force – Iraq earning a Bronze Star Medal and a Joint Commendation Medal. Additional awards include the Combat Infantryman's Badge and Combat Action Badge.

Mr. Ortner resides in Stafford, VA with his wife Kristen, daughter Erika and son Alexander.