

**Statement for the Record
Of
Vietnam Veterans of America**



Presented by

Thomas J. Berger, Ph.D

Executive Director, Veterans Health Council of VVA

BEFORE THE

Senate Veterans Affairs Committee

REGARDING

**S. 207 Veterans Access to Community Care Act of 2015, S. 297
Frontlines to Lifelines Act of 2015, S. 425 Homeless Veterans
Reintegration Programs Reauthorization Act of 2015, S. 471
Women Veterans Access to Quality Care Act of 2015, S. 684
Homeless Veterans Prevention Act of 2015, Discussion Draft to
include provision from S. 114, S. 172, S. 398 , S. 603, Discussion
draft on provider agreements language and Joint VA-DOD
formulary for pain and psychiatric medications**

June 3, 1015

Good day, Chairman Isackson, Ranking Member Blumenthal and members of the Senate Veterans Affairs Committee. On behalf of Vietnam Veterans of America (VVA) National President John Rowan and all of our officers and members, we thank you for the opportunity for VVA to share our statement for the record regarding pending Veterans legislation before this committee.

S.207 Veterans Access to Community Care Act of 2015 introduced by Senator Jerry Moran (KS). This legislation would direct the Secretary of Veterans Affairs (VA) to use the Secretary's existing authority to furnish health care to veterans at non-VA facilities for veterans who reside more than 40 miles driving distance from the closest VA medical facility providing the care they seek.

VVA supports this legislation as it will provide veterans access to health care at non-VA facilities where a Choice Card-eligible veteran cannot receive health care at a VA facility within the 40-mile limit because the health care, particularly specialty care, is not available at the VA facility.

S.297 Frontlines to Lifelines Act of 2015, introduced by Senator Mark Steven (IL), this legislation directs the Secretary of Veterans Affairs (VA) to revive, for a three-year period, VA's Intermediate Care Technician Pilot Program that was carried out between January 2013 and February 2014. Requires VA to: (1) expand the pilot program to include at least 250 intermediate care technicians, and (2) give priority in assigning those technicians to VA facilities at which veterans have the longest wait times. Requires the Secretary of Defense (DOD) to transfer credentialing data regarding DOD health care providers that are hired by VA to VA.

In general, VVA supports this legislation. However, VVA would like to see the pilot program expanded to include medics and Navy corpsmen.

S.425 Homeless Veterans' Reintegration Programs Reauthorization Act of 2015 introduced by Senator John Boozman (AR), Job readiness training and reeducation are a congressionally mandated function and responsibility of the US Department of Labor (DOL). The Homeless Veterans Reintegration Program (HVRP) has long suffered the consequences of limited funding. VVA is seeking to ensure that DOL request full authorized funding in its budget. This is not only a significant investment in the lives of veterans who are trying to make their way back... It is an investment in our national economy. This training and employment program has proved over time to be extremely successful in retraining and reeducating our homeless veteran, providing a new start at life. It is a labor and

training issue, and as such, it should be held accountable for program investment and performance in the same vein as all other agencies to include the U.S. Department of Veterans Affairs.

VVA supports the expansion of the program as identified in this legislation and would also request that language be added to S.425 amending the eligibility criteria for veterans enrolled in the Department of Labor Homeless Veterans Reintegration Program (HVRP) so those veterans entering into “housing first” would be able to access this training for a period of up to 12 months after placement into housing.

S.471 Women Veterans Access to Quality Care Act of 2015 introduced by Senator Dean Heller (NV), The Department of Veterans Affairs has become increasingly more sensitive and responsive to the needs of women veterans and many improvements have been made. Unfortunately, these changes and improvements have not been completely implemented throughout the entire system. In some locations, women veterans experience barriers to adequate health care and oversight with accountability is lacking. Primary care is fragmented for women veterans. What would be routine primary care in the community is referred out to specialty clinics in the VA. Over the last five years the per cent of women veterans using the VA has grown from 11% to 17%, with 56% of OEF/OIF women Veterans having enrolled in the VA. Their average age of women Veterans using the VA is 48.

Further, we seek that the Secretary ensures:

- The competency of staff who work with women in providing gender-specific health care.
- That VA provides reproductive health care.
- That appropriate training regarding issues pertinent to women veterans is provided.
- That there is the creation of an environment in which staff are sensitive to the needs of women veterans; that this environment meets the women’s needs for privacy, safety, and emotional and physical comfort in all venues.
- Those privacy policy standards are met for all patients at all VHA locations and the security of all Veterans is ensured.
- That the anticipated growth of the number of women Veterans should be considered in all strategic plans, facility construction/utilization and human capital needs.

- That patient satisfaction assessments and all clinical performance measures and monitors that are not gender-specific, be examined and reported by gender to detect any differences in the quality of care.
- That the Assistant Deputy Under Secretary for Health for Quality, Safety, and Value report any significant differences and forward the findings to the Under Secretary for Health, Under Secretary for Operations and Management, the Regional Directors, facility directors and chiefs of staff, and the Women's Health Services Office.
- That every woman veteran has access to a VA primary care provider who meets all her primary care needs, including gender-specific and mental health care in the context of an ongoing patient-clinician relationship.
- That general mental health care providers are located within the women's and primary care clinics in order to facilitate the delivery of mental health services.
- That sexual trauma care is readily available to all veterans who need it and that VA ensure those providing this care and treatment have appropriate qualifications obtained through course work, training and/or clinical experience specific to MST or sexual trauma.
- That an evaluation of all gender specific sexual trauma intensive treatment residential programs be made to determine if this level is adequate as related to level of need for each gender, admission wait times, and geographically responsive to the need.
- That Vet Centers are able to adequately provide services to women veterans.
- That a plan is developed for the identification, development and dissemination of evidence-based treatments for PTSD and other co-occurring conditions attributed to combat exposure or sexual trauma.
- That women veterans, upon their request, have access to female mental health professionals, and if necessary, use VA outsource to meet the women veteran's needs.
- That all Community Based Outpatient Clinics (CBOC) which do not provide gender-specific care arrange for such care through VA outsource or contract in compliance with established access standards.
- Evidence-based holistic programs for women's health, mental health, and rehabilitation are available to ensure the full continuum of care.
- That the Women's Health Service aggressively seek to determine root causes for any differences in quality measures and report these to the Under Secretary for Health, Under Secretary for Operations and Management, the Regional Directors, facility directors and COS, and providers.

Vietnam Veterans of America will continue its advocacy to secure appropriate facilities and resources for the diagnosis, care and treatment of women veterans at all DVA hospitals, clinics, and Vet Centers and we ask the Secretary of Veterans Affairs ensure senior leadership at all facilities and VISN Directors be held accountable for ensuring women veterans receive appropriate care in an appropriate environment and based on our recommendations above and language included in the bill. VVA supports S.471 as written.

S.684 Homeless Veterans Prevention Act of 2015 introduced by Senator Richard Burr (NC), Homelessness continues to be a significant problem for veterans. The VA estimates about one-third of the adult homeless population have served their country in the Armed Services. Current population estimates suggest that about 49,000 veterans (male and female) are homeless on any given night and perhaps twice as many experience homelessness at some point during the course of a year. Federal efforts regarding homeless veterans must be particularly vigorous for women veterans with minor children in their care. And those Federal agencies that have responsibilities in addressing this situation, particularly the Departments of Veterans Affairs, Labor, and Housing and Urban Development, must work in concert and should be held accountable for achieving clearly defined results. VVA also believes the housing first model may work for some veterans; however, to take a homeless veteran off the streets and into permanent housing without first assessing their treatment needs is a mixture for disaster. Failure is not an option; please fix this now or we will see an increase in veteran homelessness, rather than ending veteran homelessness, by 2015. VVA supports S.684 as written.

A. Discussion draft that includes:

- a) S.172 --Improved access to appropriate immunizations for veterans – VVA supports
- b) S.398 (and companion H.R. 1170) -- Expansion of provision of chiropractic care and services to veterans – VVA supports, but believes that a needs assessment must be conducted in each VISN to determine the extent of expansion needed.
- c) S.603 --Extension of sunset date regarding transportation of individuals to and from facilities of DVA and requirements of report – VVA supports
- d) S.114 – Public access to DVA research and data sharing between departments – VVA supports

B. Discussion draft on provider agreements language – VVA generally supports this draft, but believes stronger accountability measures must be added for both VA and non-VA providers.

C. Proposed joint VA-DOD formulary for pain and psychiatric medications – VVA strongly supports the sharing of information with respect to systemic pain and psychiatric drugs that are critical for the transition of an individual from DoD healthcare to VA healthcare. However, at the present time, VVA also recommends the VA formulary system be overhauled to reflect transparency in the addition and removal of all pharmacological medications. VVA is willing to assist in this matter.

Dr. Tom Berger

Dr. Tom Berger is a Life Member of Vietnam Veterans of America (VVA) and founding member of VVA Chapter 317 in Kansas City, Missouri. Dr. Berger served as a Navy Corpsman with the 3rd Marine Corps Division in Vietnam during 1966-68. Following his military service and upon the subsequent completion of his postdoctoral studies, he's held faculty, research and administrative appointments at the University of Kansas in Lawrence, the State University System of Florida in Tallahassee, and the University of Missouri-Columbia, as well as program administrator positions with the Illinois Easter Seal Society and United Cerebral Palsy.

After serving as chair of VVA's national PTSD and Substance Abuse Committee for almost a decade, he joined the staff of the VVA national office as "Senior Policy Analyst for Veterans' Benefits & Mental Health Issues" in 2008. Then in June 2009, he was appointed as "Executive Director of the VVA Veterans Health Council", whose primary mission is to improve the healthcare of America's veterans through education and information.

Dr. Berger has been involved in veterans' advocacy for over thirty years, and he is a member of VVA's national Health Care, Government Affairs, Agent Orange and Toxic Substances, and Women Veterans committees. In addition, he is a member (and the former Chair) of the Veterans Administration's (VA) Consumer Liaison Council for the Committee on Care of Veterans with Serious Mental Illness (SMI Committee) in Washington, D.C.; he is also a member of the VA's Mental Health Quality Enhancement Research Initiative Executive Committee (MHQUERI) based in Little Rock, Arkansas and the South Central Mental Illness Research and Education Clinical Center (SC MIRECC) based in Houston, Texas. Dr. Berger holds the distinction of being the first representative of a national veterans' service organization to hold membership on the VA's Executive Committee of the Substance Use Disorder Quality Enhancement Research Initiative (SUDQUERI) in Palo Alto, CA and serves as a committee member on the National Association of Alcohol and Drug Abuse Counselors (NAADAC) veterans' work group. He has also served as a member of the National Leadership Forum on Behavioral Health-Criminal Justice Services with the CMHS-funded national GAINS Center and as a reviewer of proposals for the Department of Defense (DoD) "Congressionally Directed Medical Research Programs". He is a current member of the Education

Advisory Committee for the National Center for PTSD in White River Junction, Vermont, as well as a member of the Executive Committee of the National Action Alliance for Suicide Prevention in Washington, D.C., and a member of the Advisory Board for the National Crisis Center in New York and serves on both the Scientific Committee and the Veterans Advisory Council for Suicide Prevention Initiatives in New York City.

Dr. Berger's varied academic interests have included peer-reviewed research, published books and articles in the biological sciences, wildlife regulatory law, adolescent risk behaviors, domestic violence, substance abuse, suicide, and post-traumatic stress disorder. He currently resides in Silver Spring, Maryland.

VIETNAM VETERANS OF AMERICA

Funding Statement

June 3, 2015

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

Executive Director of Policy and Government Affairs

Vietnam Veterans of America

(301) 585-4000, extension 127