

Douglas B. Carmon, Assistant Vice President for Military and Veterans Initiatives, Easter Seals, Inc.

Testimony of

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Chairman Akaka, Ranking Member Burr, and members of the Committee, on behalf of Easter Seals, thank you for the opportunity to come before you today and provide our view on issues relating to the Department of Veterans Affairs' Vocational Rehabilitation and Employment Program. My name is Doug Carmon and I am Easter Seals' Assistant Vice President for Military and Veterans Initiatives, a veteran with eleven years of active duty service in the United States Air Force and a service connected-disabled veteran.

#### NEED

The crisis facing our nation in meeting the physical and mental health needs of the 1.6 million members of the armed forces who served in Iraq and Afghanistan is overwhelming and continues to grow. Thousands of injured service members are returning home to communities nationwide with hopes of transitioning to a successful civilian life. While a broad spectrum of public benefits and private resources exist across the country, many service members and veterans with disabilities are experiencing unnecessary barriers to accessing health care, job training and employment, housing, recreation and transportation as they transition back into their civilian communities. Many of these communities are simply not equipped to respond appropriately to this population's unique needs, nor are they aware of how to best coordinate with military and veterans systems in the process. These barriers often limit the ability of service members' and their families to live, learn, work, and play as full participants in civilian community life.

In the September 2007 Government Accountability Office report Disabled Veteran's Employment: Additional Planning, Monitoring and Data Collection Efforts Would Improve Assistance (GAO-07-1020), the Department of Veterans' Affairs Vocational Rehabilitation & Employment Program (VR&E), was found to be in the process of rolling out its new five-track system of service provision. While the system was not fully implemented at the time of the report, GAO did note progress in the efforts of VR&E to meet the needs of a new group of veterans. The report also notes that VA staff "expressed concerns about whether employment programs for disabled veterans ... are prepared to meet the needs of participants returning from recent conflicts in Iraq and Afghanistan, who are surviving with serious injuries that may have

been fatal in past conflicts, such as those associated with Traumatic Brain Injury." This observation warrants concern as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) are among the leading medical conditions facing our returning heroes. Statistics show that one in three Iraq veterans and one in nine Afghanistan veterans will suffer from a mental health problem as a result of their service. Additionally, one in every nine American soldiers deployed to Iraq suffers a traumatic brain injury. According to Dr. Evan Kanter, a staff physician for the VA, who wrote in a November 2007 study by Physicians for Social Responsibility, titled "Shock and Awe Hits Home," that "as many as 30 percent of injured soldiers have suffered some degree of traumatic brain injury." These combat injuries significantly complicate a veteran's ability to successfully transition from active duty rehabilitation to civilian life. This is especially true regarding the ability to secure gainful employment as there are some 700,000 unemployed veterans in any given month according to the Department of Labor and cited in GAO report, GAO-06-176. Moreover, unlike injuries to a soldier's limbs, injuries to soldier's brain are often difficult to diagnose and treat in a timely manner.

The GAO commends the VA for its efforts to prepare to meet these demands. However, concerns were noted about assuring that all veterans have "equal access" when wide geographic territories defined a service catchment area. Concern was also expressed about the efficacy of several service approaches that appeared to build infrastructure, but did not provide direct service.

Issues of access to and availability of fundamental services and supports are unfortunately a common part of daily experiences for an individual living with a disability in our country. It is reasonable, then, to conclude that such challenges will be a part of life for a veteran with a service connected disability. Easter Seals believes that these barriers need not be a part of life for these veterans - or for the broad population of individuals with disabilities. We are committed to creating and implementing solutions to these challenges in work and in life, so that all veterans with disabilities have the opportunity to lead full and productive lives.

#### EASTER SEALS BACKGROUND

For almost 90 years, Easter Seals has been providing and advocating for services that change the lives of those living with disabilities and their families. Through our network of 79 affiliate organizations, we are the nation's largest provider of disability related services to individuals with disabilities and their families-touching the lives of more than 1.5 million people annually. We have a long history of helping veterans with disabilities through job training and employment opportunities, adult day services, medical rehabilitation, home modifications for accessibility needs, and recreation. Easter Seals is positioned to offer military and veterans systems of care with viable options to support and augment current transition and reintegration efforts. Additionally, Easter Seals has former service members in leadership positions to guide program development and to train staff on how to be attuned to military and veteran cultural issues. In fact, Easter Seals has made Military and Veterans Initiatives a foundational pillar of Vision 2010, which is the guiding mission for the organization's current work and resource allocation priorities. (See attachment A)

The vision of our Military & Veterans Initiative is that Easter Seals is a recognized and trusted partner with the Departments of Defense and Veterans Affairs, and is a significant source of

essential information, services and support for America's military service members, veterans with disabilities, and their families.

#### EASTER SEALS CURRENT SERVICE CAPACITY AND EXPERIENCE

Currently, Easter Seals provides a broad range of community-based services and supports—job training & employment, childcare, adult day services, medical rehabilitation, mental health services, transportation, camping & recreation, respite and caregiver services, and accessibility solutions and technology for home, work, and independent living—to military service members, veterans with disabilities, and their families in civilian programs throughout the nation. A summary of a few of these activities follows. (See attachment B)

##### Job Training & Employment

Historically, Easter Seals has had considerable experience with the VA in providing employment related services to veterans with disabilities. Our affiliate in Hartford, CT provided vocational evaluations and assessments to veterans with disabilities. Easter Seals in Middle Georgia provides direct work experience for veterans with disabilities. On the national level, Easter Seals is piloting projects that facilitate employment through company-sponsored training. With Easter Seals, corporate sponsors also are exploring strategies to hire veterans with disabilities throughout their organizations nationwide. In addition, Easter Seals is developing an educational curriculum to train employers on best practices for understanding and accommodating veterans with disabilities, especially those with PTSD, TBI, and amputations that are trying to reenter the workforce.

##### Adult Day Services

Several Easter Seals affiliates have contracts with the VA to provide adult day services to older veterans and are exploring potential opportunities for veterans with disabilities, specifically for younger veterans with significant injuries. Easter Seals Greater Washington-Baltimore Region is about to open a new intergenerational facility that will deliver comprehensive services in Silver Spring, Md., approximately one mile from Walter Reed Medical Center. Plans call for the center to have resources for veterans and their families to support them during their time in Washington, DC and in transition to their respective hometowns across the country.

##### Connect to Community

A significant disconnect in the continuum of care exists between active duty recovery at military treatment facilities and post-discharge reintegration to civilian life and life with a disability for service members with disabilities and their families in communities nationwide. The recent report issued by the President's Commission on Care for America's Returning Wounded Warriors supports the implementation of a comprehensive "Recovery Plan" that will help service members obtain essential services promptly and in the most appropriate care facilities in the Departments of Defense and Veterans Affairs, and civilian settings. Easter Seals is responding to the Commission's call to action for civilian settings through a "Connect to Community" model.

Connect to Community is a dynamic national initiative that will support successful community reintegration of America's wounded service members and veterans with disabilities and their families. A two-tiered approach fosters systems change throughout the country to rally and support communities and regions in responding to the needs of this deserving population, while specifically establishing points of contact that will coordinate and provide services and supports

to families. Connect to Community will leverage, integrate, and build community capacity through federal, state, and local public and private resources to meet specific needs for information, assistance, and essential services during the Seamless Transition phase and beyond from active duty discharge to civilian status and success community integration. (See attachment C)

## PRESIDENT'S COMMISSION ON CARE FOR AMERICA'S RETURNING WOUNDED WARRIORS

An area that you requested Easter Seals' perspective on related to the recommendations coming out of the President's Commission on Care for America's Returning Wounded Warriors. While a number of the action steps outlined within each recommendation are focused on efforts within the Departments of Defense and Veterans Affairs, a number of these recommendations hold interesting opportunities for organizations like ours to work alongside these important systems to meet the needs of those returning home that have been incapacitated in some way as a result of military service.

The first recommendation creates a comprehensive recovery plan and aligns with Easter Seals' philosophy of service delivery to the individual. Having a "Recovery Coordinator" to provide umbrella-like oversight or brokering is not unlike a case management approach that our affiliates employ when providing medical rehabilitation services in our service model. This approach enables a professional with specific skill sets and expertise to facilitate a client's movement through a fragmented, often insular system when he or she may not have the knowledge or the capacity to make that journey successfully alone. Easter Seals believes that the Commission's recommendation does not extend to what is arguably the most critical phase of recovery - the full reintegration into the service member's home community. Service members returning to their home communities still need these types of supports to successfully transition back into civilian life, as we have seen in our Easter Seals New Hampshire's Veterans Count program. Veterans Count is an innovative state-wide initiative that engages area systems of care and service providers to meet the comprehensive needs of this population through convening, communication, and resource sharing. This community support model is funded in part by the Department of Defense and National Guard as a demonstration project, and is considered a best-practices model to successfully reintegrate service members into civilian community life. In considering strategies related to this recommendation, we believe that community-based transition and long-term reintegration supports warrant inclusion in this approach.

Easter Seals believes that community-based organizations like ours offer an important and invaluable resource in responding to the third recommendation - providing treatment and support for service members dealing with PTSD and TBI. Our affiliate network has experience in providing mental health services as well as TBI therapies, as do a number of other national and local organizations - but, sadly, they are not utilized by the VA to meet the growing demand for these types of services. We want to be able to offer these services to supplement what the VA offers to our nation's veterans. Our national network provides access to rural communities that often are home to many veterans who forgo treatment because the VA care facility is too far away from home. For example, we have recently expanded our efforts on a newly launched nationwide Veterans with Traumatic Brain Injury Project to improve access to services for veterans, no matter where they live. The project is a collaborative initiative, privately funded and

coordinated by Easter Seals' headquarters that provides computer-based cognitive rehabilitation and supports to veterans of Iraq and Afghanistan with symptoms, or a diagnosis, of mild to moderate TBI. We are offering a remote access home-based participation model nationwide using an online service delivery vehicle to make treatment available in the veteran's very own home, in addition to a number of affiliates that are operating a center-based program. (See attachment D)

With the increasing numbers of service members returning with PTSD, the Commission report points to a challenge facing the VA in meeting the mental health needs of its constituency due to shortages of mental health professionals. Why, then, not leverage all available resources and work in partnership with organizations like Easter Seals to expand the VA's capacity to meet this growing and compelling need? Easter Seals Michigan has a contract with the State to provide mental health services to eligible public populations, which also includes veterans. With increasing awareness of the need to address issues relating to PTSD, Easter Seals Michigan is enhancing its programs to meet this growing need.

Finally, our nearly 90 years of providing services to adults and children with disabilities has more than confirmed the need to recognize that the individual receiving our services is more often than not a part of some broader family system. The Commission's recommendation to strengthen family supports recognizes this truth. Providing services that support families learning to live with and support a service member facing newly acquired disabilities is critical to the service member's successful recovery. Easter Seals has done this through an innovative programming approach in recreational settings. Easter Seals has significant expertise in providing camping and recreation services, and are tailoring these accessible programs and facilities for service members, veterans with disabilities, and their families. For example, Easter Seals affiliates in Virginia, Delaware, Nebraska, and Iowa will host a camp experience for children of deployed parents this summer in partnership with the National Military Family Association's Operation Purple program that provided over 40 weeks of camps at 34 different locations in 26 states last year. These free summer camps offer families support in managing the heavy emotional and psychological burden that falls on the sons and daughters of service members and provide a nurturing environment to learn coping skills, make new friends, and experiencing life lessons with peers. For the past two years Easter Seals Alabama has hosted approximately 25 veterans with disabilities at Lake Martin for Operation Adventure, a sports program put on by the Lakeshore Foundation at Easter Seals Camp ASCCA. The program provides therapeutic recreational therapy to increase confidence, self-esteem, wellness, and skill building. These programs are especially valuable for facilitating health, function, and well-being during times of recovery, adjustments to newly acquired disabilities, and strengthening families.

Additionally, as one of the nation's leaders in providing respite care for families that face the challenges of supporting a member with a disability, we see first hand how important this time is for recovery for those involved in providing support each day. Increasing access to respite services for family members is an important piece of the reintegration puzzle that so many of our nation's military families are struggling to put together.

## VETERANS' DISABILITY BENEFITS COMMISSION REPORT

In the executive summary, the Commission identified eight basic principles that should guide the

future development of VA benefits for veterans and their families and while we agree with all eight, five closely align with Easter Seals' core principles and experience, as reflected in the objectives of our Military and Veterans Initiative.

2. The goal of disability benefits should be rehabilitation and reintegration into civilian life to the maximum extent possible and the preservation of the veterans' dignity.

4. Benefits and services should be provided that collectively compensate for the consequence of service-connected disability on the average impairment of earnings capacity, the ability to engage in usual life activities, and quality of life.

6. Benefits should include access to a full range of health care provided at no cost to service-disabled veterans.

7. Funding and resources to adequately meet the needs of service-disabled veterans and their families must be fully provided while being aware of the burden on current and future generations.

8. Benefits to our nation's service-disabled veterans must be delivered in a consistent, fair, equitable, and timely manner.

The Commission specifically states that "the goal of disability benefits, as expressed in guiding principle 2, is not being met...VR&E is not accomplishing its primary goal." A veteran's "seamless transition" is intrinsic to the effective application of these key principles in order to truly promote and set the stage for successful community reintegration, especially with disability. Community-based organizations offer the infrastructure nationwide to be an extension of the VA's disability services network and work collectively to help achieve this goal.

#### PERSONAL VR&E AND SERVICE-CONNECTED DISABILITY EXPERIENCE

I am charged with establishing and expanding Easter Seals' services, resources, and outreach to service members, veterans with disabilities, and their families. I also have a very personal stake in the benefits that are afforded to veterans today and in the future. In 1989, I joined the Air Force as a medical service specialist. I was experiencing a successful and promising military career of eleven years of active duty service. Several injuries towards the end of my career made it difficult for me to perform my duties on a daily basis, and I found myself in front of a medical evaluation board in 2000. Several months later in early January 2001 I was notified that I would receive an involuntary medical separation discharge on February 24, 2001. I had less than 2 months to get things in order to transition to for a whole new life, much different than what my family and I had embraced over the past decade.

I was discharged with a DoD medical evaluation board disability rating of 10 percent. Several of my active duty doctors following my care felt the rating was much too low for my condition. They expressed concern that by rating me below 30 percent, I would be discharged instead of medically retired, which the latter would have provided me and my family access to an array of DoD funded benefits. I was told by active duty staff handling my discharge that I should not worry about my DoD rating and file for a disability rating with the VA as soon as I was discharged. And that I would most assuredly receive a higher, more appropriate rating from the

VA. I received my active service severance pay in my final March paycheck and filed for VA disability some 6 weeks later in April.

All of a sudden pay stopped, health care stopped, work stopped. I was not prepared for this swift of a transition from the security provided while on active duty. My wife, my 2 daughters, and I went through numerous hardships-financial, emotional, and physical. It was a painful and difficult transition from athletic and active duty to injured and active duty to finally, life as a veteran with a disability. We struggled to survive.

Nine months after being discharged I crossed paths with someone who recommended that I contact the local VA VR&E program. I met with a counselor who evaluated my situation, which required special approval because of my 10 percent DoD disability rating. Once I was allowed to enter the program, I began to find direction and set educational goals. My counselor and I put together an education plan for me to achieve my undergraduate degree and I attended the University of Maryland University College. The VR&E program was likely noted during the Transition Assistance Program (TAPs) briefing I received just before I was discharged, but the volume of information provided in such a brief time was overwhelming and of diminished value. Then after a long 13 months after filing for VA disability, I received my initial rating of 70 percent. I received a monthly stipend from VR&E for attending school full time and combined with my VA disability pay and family support we were able to just barely get by.

I found the VR&E program to be quite helpful, once I became aware that it was a resource to me. It would have been helpful as a service member discharged with a disability to have been required to meet with a VR&E counselor as part of the Seamless Transition program at specified intervals post discharge-3, 6, and 12 months to assess my situation. Since I received severance pay when I was discharged, a large portion of my VA disability pay was deducted in order to repay the severance pay I received at discharge from the Department of Defense before I was eligible to receive my entire compensation. This repayment caused undue financial hardship on me and my family, as we were already struggling to survive on extremely limited funds, least of all to mention the 13 months I waited for an initial rating. This repayment should have at a minimum been delayed until I was out of the VR&E program and employed and some type of VA disability compensation should have "kicked in" 3 months after discharge if my official VA rating was still pending.

Over time, my quality of life dramatically deteriorated from my service-connected disabilities and even today, I am challenged by constant pain, sleepless nights, decreased physical dexterity, emotional loss, plus continual family readjustments and strain. The problems I faced during my transition were compounded by the increased physical and mental energies required to problem solve solutions as multiple internal and external systems were constantly in play. I only hope for my veteran comrades that personal struggles such as mine or worse, will be addressed by the recommendations and guiding principles in Veterans' Disability Benefits Commission's report.

#### SUGGESTED IMPROVEMENT AREAS

1. National Acquisition Strategy: One area of great concern for the past two years has been the VA's redevelopment of its National Acquisition Strategy (NAS). The NAS outlines the procedure that private, non-military entities, like Easter Seals, had to follow to be included on an approved vendor list. This vendor list would then, in turn, be used by local VR&E program staff to identify

which organizations have received approval from the VA as sub-contractors for relevant VR&E services. We support the idea that VR&E have a list of vendors that have met certain qualifications of quality and service capacity and NAS was intended to accomplish this end. However, the structure of the application, the multiple delays of the application release, the rapid response expectation, and now, the delayed release of award for approved vendors on the NAS list have all resulted in significant frustration for community-based organizations like ours that want to be involved in providing the much needed services to veterans as they seek new employment, but are blocked by bureaucratic processes.

Regarding the NAS itself, applicants were to respond only if they could provide a broad range of vocationally related services across a large geographic region. This prerequisite, though most likely intended to reduce the administrative burden involved with managing multiple contracts, resulted in application criteria which very few entities - or even consortiums of organizations - could meet. While a number of our affiliates were very interested in working with VR&E locally as they had done in the past, only one grouping in the Northeast were able to successfully apply.

Equally troubling was the estimate of expected expenditures on contracting outlined in NAS. The VR&E program, as stated in the NAS, will only be contracting out for \$6.5 million dollars of services in FY'08. While that number in and of itself may seem large, VR&E intends for that amount to suffice to provide for all needed contracted services in the entire 26 global regions included in its purview. This minimal expenditure unfortunately represents an opportunity lost for VR&E and falls significantly short of what is truly needed to adequately serve America's returning heroes. Hundreds of organizations just like ours will be blocked from working hand in hand with local VA workforce programs to get these deserving service men and women back to work. Again, it is not our intention to replace the work of VR&E; we want to expand its capacity through a pre-existing, proven system that wants to be involved.

Recommendation: Congress must increase funding that reflects the level of need for today's veterans and their families; VR&E must use parallel qualification systems, such as those in the public vocational rehabilitation system to guide the outsourcing process to engage community-based nonprofit organizations.

2. Transition Point Facilitation: The stress of managing a newly acquired disability can be as, or sometimes even more debilitating than the acquired disability itself. For a veteran facing this life altering circumstance, supports should be made available as soon as possible. These supports should not only begin during a service member's demobilization, but continue through his or her rehabilitation, discharge, through finding gainful employment, and remain a viable resource to respond to the delayed onset of symptoms such as those exhibited in PTSD and TBI. These transition points represent an opportunity for positive or for negative outcomes. If effective supports and coordination are in place, the veteran stands a much greater chance to successfully reintegrate "seamlessly" into their chosen home community. If they are not, however, the veteran likely falls through the cracks to unemployment, financial ruin, dismantled families, and homelessness, unaware of resources no matter how well intentioned those resources might be. The veteran specific job labs reported on by the GAO last fall (GAO-07-1020) are the perfect example - an important resource that was minimally utilized because veterans were unaware of their existence. The attempt to re-enter the workforce is a pivotal transition point during



community reintegration and would be more effective with someone with a diverse skill set and knowledge whose job was to work through this process alongside the veteran with a disability. Someone who is also coordinating issues such as housing needs, transportation, child care, and others so that they get the "bigger" picture of what the transitioning veteran is experiencing.

Recommendation: VR&E or a designated Reintegration Coordinator must follow up with every veteran and their family at 3, 6, and 12 month intervals post discharge. This follow up creates an opportunity for service gaps to be identified and resolved using a proactive approach versus reactive. Further, it enables latent symptoms of TBI and/or PTSD to be assessed and treated should they arise sometime after discharge. The VA should work to create partnerships with community based organizations to expand its service capacity to regions where VA resources are not easily accessible or non-existent.

3. Accessibility and availability of service: A number of significant challenges arise for veterans when they are faced with a discharge based on disability. They are confronted with delays resulting from backlogs for initial VA disability claims processing. Fear of not returning home immediately after deployment if the service member marks positive on the post deployment health assessment is now a documented reality. Service members must deal with potentially being discharged with a denial of disability rating with delayed onset of symptoms such as those exhibited in PTSD and TBI. Additionally, a large percentage of our nation's twenty-four million veterans live in rural communities, where VA services are available only through significant travel by the veteran. This lack of availability compounds disincentives to seek and receive rehabilitative services.

Recommendation: All veterans must have access to VR&E services and assistance during the first 24 months post discharge. This is the most vulnerable time for the veteran; VR&E must establish partnerships with community based organizations to expand services to regions where VA resources are not easily accessible.

4. Insular Culture: Many of the systems and departments providing services to veterans within the VA operate in a very insular manner. Specific functions are carried out in silos and stop short of shepherding the veteran to much needed additional resources during their community-based transition, continued recovery and rehabilitation. In addition, regional Veterans Integrated Service Network (VISN) staff reflect this insular operational methodology in attitudes concerning the use and value of utilizing local non-military resources to meet the needs. One significant outcome of this cultural insularity is lost opportunity, for the VA to meet its objectives and, sadly, for the veteran who either gets lost in the system or cannot access the full array of available services in his or her community. More often than not, the experience of our Las Vegas affiliate that I referenced earlier reflects our affiliates' experience in attempting to partner with the local VA - initial resistance and then inability to execute

Recommendations: The VA must encourage key decision makers in each VISN to embrace collaborative relationships to meet the needs of veterans within their service delivery region. As outlined in the President's Commission on Care for America's Returning Wounded Warriors report, "Recovery Coordinator's" will help injured service members navigate the various array of services and supports they require during rehabilitation. Easter Seals offers the continuation of this approach when the veteran transitions to his or her home community. In partnership with

community based organizations, establish a "Reintegration Coordinator" that parallels the work provided by the "Recovery Coordinator," but within veteran communities nationwide. Additionally, Easter Seals would recommend systemic cultural change that encourages veterans to access community based services in cooperation with VA case managers and service providers.

## SUMMARY

America's warriors do what they are told to do without question in service to their country. Now, all Americans must rise together to fulfill our promise to care for those who have borne the battle and sacrificed so much, by assuring that our veterans have access to the services they need, wherever they live. Being a veteran who has first-hand experience navigating the VA's extensive systems and a member of one of the nation's largest nonprofit healthcare organization, I can say with unwavering confidence that the VA has much to gain by embracing community-based organizations, like Easter Seals, in collaborative relationships that compliment the current array of federal and state benefits to our struggling veterans. It is these community-based organizations that hold the infrastructure to help meet this urgent need and should be viewed as an ally to further supplement, and not supplant, the efforts of the VA. Easter Seals is poised to substantially expand assistance to service members and veterans with disabilities and their families. We have proven service solutions in place or within easy reach to address these immediate and long-term needs. The central challenge facing us in bringing needed information, services and supports to this population is the limited extent, to date, on the part of the Departments of Defense and Veterans Affairs to partner and outsource at substantial levels with private, nonprofit service providers to seed and sustain financial resources to conduct pilot projects and replicate effective models of service delivery nationwide that promote success in attaining individual and family goals and full community participation.

Thank you again for the opportunity to address this Committee and for all that you do for our nation's veterans. I would be pleased to respond to any questions that you may have.