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STATEMENT OF
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VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
VETERANS HEALTH CARE LEGISLATION

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Mr. Chairman and Members of the Committee:

Thank you for this opportunity to present The American Legion's view on the several pieces of legislation being considered by the Committee today. The American Legion commends the Committee for holding a hearing to discuss these very important and timely issues.

S. 117, The Lane Evans Veterans Health and Benefits Improvement Act of 2007

The American Legion supports the intent of S. 117. Specifically, The American Legion is in support of tracking veterans who serve in the Global War On Terrorism (GWOT) in a new database. This bill would make data on these veterans more accessible upon request. GWOT veterans require their own system, since the exposures and experiences they encountered are different from veterans of the first Gulf War. GWOT veterans experience more combat time, multiple deployments, continuous urban warfare, blast traumas and more women have participated. The veterans of the 1991 Gulf War experienced widespread oil well fires, possible nerve agent exposure and a shorter combat time.

This bill also addresses the need to differentiate veterans who served in OIF and OEF, those who served in both and those who served in neither. The environmental exposures may differ and the combat experiences may differ. The American Legion suggests that under the Health, Counseling and Related Benefits section (section 3), the conditions should also be tracked according to whether the veteran served in OIF, OEF or both or in neither - not just by inpatient outpatient status. This would demonstrate trends in illnesses developing among the groups. It should also show a breakdown by gender to determine if there are manifestations of illnesses specific to each gender, i.e. birth defects or developmental disorders in their offspring.

S. 383, A Bill to Extend the Period of Eligibility for Health Care from Two Years to Five Years After Discharge or Release.

The American Legion has no official position on extending the period of eligibility for healthcare for combat veterans after discharge or release. However, past combat experiences - to include

the Vietnam War and the Gulf War - demonstrated that many ailments have delayed manifestation and may be difficult to associate with military service years later. Extending the eligibility period would increase the likelihood that subtle symptoms of combat-related ailments would be detected by professional who have the expertise to recognize the relationship between the veteran's combat experience and symptoms that manifest later.

S. 472, A Bill to Authorize a New Major Medical Facility Project in Denver, CO

Although The American Legion has no official position on this proposal, we believe that VA should do everything in its power to improve access to its health care benefits.

S. 479, The Joshua Omvig Veterans Suicide Prevention Act

This bill seeks to reduce the incidence of suicide among veterans. It contains very important components that will likely mitigate the incidence of suicide among veterans by promoting outreach to educate veterans and families about available services, making services available on a continuous basis and training VA employees on suicide prevention.

Family Education and Outreach is significantly important, since family and friends may notice changes in the veteran's mental health first. The American Legion receives contact from veterans themselves who openly admit they need immediate help because of thoughts of harming themselves. When the family and the veteran know what services are available, it is easier to seek assistance. It is even more important that VA ensures that these veterans gain access to mental health services when they need them.

Designating a point of contact - like a suicide prevention counselor - at each VA medical facility that will work with local emergency rooms, law enforcement, local mental health organizations and veteran service organizations will make mental health coordination easier and timely.

Outreaching to those who provide support to veterans and making the community more aware of VA's mental health services will also facilitate the goals of research and establishing best practices. The more veterans seek VA care, the more research opportunities VA will have to develop strategies to enhance prevention mechanisms.

S. 610, A Bill to Establish January 23, 2002, as the Effective Date of the Modification of Treatment for Retirement Annuity Purposes of Part-time Service Performed Before April 7, 1986, by VA Nurses, Pursuant to the VA Health Care Programs Enhancement Act of 2001

The American Legion has no position on this issue.

S. 692, The VA Hospital Quality Report Card Act of 2007

This bill seeks to establish the Hospital Quality Report Card to ensure quality measures data on VA hospitals are readily available and accessible.

The state of VA health care/medical facilities are an important issue for The American Legion. Each year the organization is mandated by resolution to conduct a series of site visits to various VA medical facilities and submit a report to the President, Congress and the VA.

The bill is similar in scope to our report - A System Worth Saving. Periodic assessments would enable VA to get a clearer picture of its system-wide needs and assist lawmakers in determining adequate funding for the VA health care system.

S. 815, The Veterans Health Care Empowerment Act of 2007

This bill seeks to provide health care benefits to veterans with service-connected disabilities at non-VA medical facilities that receive payments under the Medicare program or the TRICARE Program. Although The American Legion has no official position on this issue, we believe that veterans should receive their medical care from the VA - except when there is very limited access to VA health care, as in the case of rural veterans.

S. 874, The Services to Prevent Homelessness Act of 2007

The American Legion would like to submit its views on this bill for the record at a later date.

S. 882, A Bill to Require a Pilot Program on the Facilitation of the Transition of Members of the Armed Forces to Receipt of Veterans Health Care Benefits Upon Completion of Military Service

This bill would establish a pilot program for facilitating the receipt of VA health care benefits for those separating from the military. The American Legion supports efforts to assist service members with transitioning to VA and accessing their veteran benefits. The bill - which targets the severely injured, women veterans, rural veterans, the National Guard and Reserves, and those with mental health conditions - may improve access to timely care for many who would otherwise face difficulty receiving coordinated care.

Services offered by veteran service organizations can enhance the ability of the "Veteran Navigator", since they are linked to the communities and provide other means of assisting veterans. For instance, The American Legion has a program designed to assist severely injured service members reintegrate into their communities by linking veterans and their families to local resources to address many of their needs.

S. 994, The Disabled Veterans Fairness Act

This bill seeks to eliminate the deductible and to change the method of determining the mileage reimbursement rate under the beneficiary travel program administered by the Secretary of VA in an effort to increase it to the rate authorized for government employees on official business.

Although The American Legion has no official position on the beneficiary travel program, we have historically supported an increase in the mileage reimbursement rate paid to veterans for travel to medical appointments. It is currently 11 cents and has not increased since 1978. With the rising cost of gas, this rate presents a hardship for veterans who have to travel long distances

for their appointments. The American Legion has encountered many veterans over the years who expressed frustration, anger, and desperation due to financial strain caused by accommodating this inadequate reimbursement rate.

S. 1026, A Bill to Designate the VA Medical Center in Augusta, GA, as the "Charlie Norwood Department of Veterans Affairs Medical Center"

The American Legion has no position on this initiative.

S. 1043, A Bill to Require the Secretary of VA to Submit a Report to Congress on Proposed Changes to the Use of West LA VA Medical Center

The American Legion has no official position on this issue. However, since the issue of land at West LA VA Medical Center has had no resolution for decades, The American Legion would support a mandate requiring VA to submit a master plan detailing its intended utilization of the land.

S. 1147, Honor Our Commitment of Veterans Act

In 2003, former VA Secretary Anthony Principi instituted a restriction for enrollment of new Priority Group 8 veterans, therefore, prohibiting access to VA medical care to hundreds of thousands of Priority Group 8 veterans due primarily to limited resources. The American Legion disagrees with the decision to deny access to any eligible veterans.

The American Legion believes that a more effective method of ensuring that VA can continue to provide quality care to veterans would be to ensure that VA is sufficiently funded to care for their needs, not limiting access for those who have incomes that fall above means tests thresholds. These veterans are required to make co-payments, in addition to identifying their third-party health insurance that will reimburse VA for reasonable charges. Many of these Priority Group 8 veterans may very well be VA employees, Medicare beneficiaries, TRICARE or TRICARE for Life beneficiaries, or enrolled in the Federal Employees Health Benefits Program. The American Legion supports the lifting of the current prohibition on healthcare enrollment restriction for Priority Group 8 and exploring effective means to improve third-party reimbursement collections.

S.1205, A Bill to Require a Pilot Program on Assisting Veterans Service Organizations and other Veterans Groups in Developing and Promoting Peer Support Programs that Facilitate Community Reintegration of Veterans Returning From Active Duty and for Other Purposes

The American Legion has no position on this issue. However, there is concern that the bill does not mention any standardized training or oversight to ensure that the organizations selected are qualified to provide peer support services.

S. 1233, Veterans Traumatic Brain Injury Rehabilitation Act of 2007

The American Legion supports the provisions of this bill.

Sec. 3 discusses community reintegration plans for veterans with traumatic brain injury. It requires the Secretary of VA to develop an individualized plan for each veteran to address his or her specific rehabilitation needs. This plan must be available prior to the veteran's discharge for the medical facility. It prescribes for the designation of a case manager who would be responsible for implementing the plan. Identification of a case manager and reintegration plan would ensure that these veterans receive the necessary rehabilitation in a timely manner and provide a contact that could coordinate on behalf of the veterans in the event that the plan needs to be enhanced or amended. It also assigns accountability in the event that the veterans does not receive the care he or she was promised.

Sec. 4 requires VA to authorize the use of non-VA facilities under very specific conditions: if the VA is unable to provide needed treatment for any reason and if the veteran lives at a distance that would make it difficult to implement the plan. The American Legion believes that it is acceptable for veterans to receive medical care from non-VA facilities in the absence of available VA healthcare, or when traveling presents a hazard or hardship for the veteran.

Sec. 5 mandates VA establish a research, education, and clinical care program to address severe traumatic brain injury. This is a very important component in providing the best quality of care for those who suffer from this type of injury. Since not much information is available on long-term effects of combat-related traumatic brain injury, research on the current war's veterans would be beneficial in establishing standards of care provided to veterans of future conflicts.

Sec. 6 discusses the creation of a pilot program to assess the effectiveness of providing assisted living services for veterans with traumatic brain injury to enhance rehabilitation, quality of life and community integration of veterans. This will be especially important in rural areas where there may be a lack of specialty care and veterans may be forced to travel long distances.

Sec. 7 discusses age-appropriate nursing home care. Younger veterans are generally more technologically advanced. Facilities providing long term care for them should provide an environment that reflects their interests.

Sec. 8 discusses research on traumatic brain injury. The American Legion supports research that would improve care available for veterans with service-connected injuries and that would attempt to ascertain possible secondary health outcomes. Since many of the symptoms of secondary conditions have delayed onset or have subtle manifestations, research on improving the diagnosis, treatment and prevention on traumatic brain injury will ensure the best quality care for future generations of combat veterans.

Again, thank you Mr. Chairman for giving The American Legion this opportunity to present its views on such an important issue. The hearing is very timely and we look forward to working with the Committee to enhance access to quality health care for all veterans.