

Annual Legislative Presentation
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National President
Paralyzed Veterans of America
Before a Joint Hearing of the
House and Senate Committees on Veterans' Affairs

March 6, 2013

Chairman Miller, Chairman Sanders and members of the Committees, I appreciate the opportunity to present the legislative priorities for 2013 of Paralyzed Veterans of America (Paralyzed Veterans). Since its founding, Paralyzed Veterans has developed a worthy record of accomplishment, of which we are extremely proud. Again, this year, I come before you with our views on the current state of veterans' programs and services and recommendations for continued improvement in the services and benefits provided to veterans.

BACKGROUND—Paralyzed Veterans was founded in 1946 by a small group of returning World War II veterans, all of whom had experienced catastrophic spinal cord injury and who were consigned to various military hospitals throughout the country. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, the returning veterans decided to become their own advocates and to do so through a national organization.

From the outset the founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with a spinal cord injury, be they medical, social, or economic. Paralyzed Veterans' founders were determined to create an organization that would be governed by the members, themselves, and address their own unique needs. Being told that their life expectancy could be measured in weeks or months, these individuals set as their primary goal actions that would maximize the quality of life and opportunity for all veterans and individuals with spinal cord injury—it remains so today.

To achieve its goal over the years, Paralyzed Veterans has established ongoing programs of research, sports, service representation to secure our members' and other veterans' benefits, advocacy in promoting the rights of all citizens with disabilities, architecture promoting

accessibility, and communications to educate the public about individuals with spinal cord injury. We have also developed long-standing partnerships with other veterans' service organizations. Paralyzed Veterans, along with AMVETS, Disabled American Veterans, and the Veterans of Foreign Wars, co-author *The Independent Budget*—a comprehensive budget and policy document that has been published for 27 years.

Today, Paralyzed Veterans is the only congressionally chartered veterans' service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disease.

SUFFICIENT, TIMELY AND PREDICTABLE FUNDING FOR VA HEALTH CARE— As the country faces a difficult and uncertain fiscal future, the Department of Veterans Affairs (VA) likewise faces significant challenges ahead. Congress and the Administration continue to face immense pressure to reduce federal spending. With these thoughts in mind, we cannot emphasize enough the importance of ensuring that sufficient, timely and predictable funding is provided to the VA. We anxiously await the budget submission to be released by the Administration that will include funding recommendations for VA programs for FY 2014, the advance appropriation recommendation for FY 2015, and an updated analysis of the funding needs for health care programs for FY 2014.

Meanwhile, Paralyzed Veterans is particularly concerned that the broken appropriations process continues to have a negative impact on the operations of the VA. Once again this year Congress failed to fully complete the appropriations process in the regular order, instead choosing to fund the federal government through a 6-month Continuing Resolution. As a result of the enactment of advance appropriations, the health care system is generally shielded from the difficulties associated with late appropriations (an occurrence that has become the rule, not the exception). However, we cannot be certain that health care spending will not be negatively impacted by this 6-month continuing resolution. The unacceptable manner with which the FY 2014 advance appropriations funding was handled in the FY 2013 continuing resolution reaffirms this concern.

Moreover, *The Independent Budget* co-authors remain concerned about steps VA has taken in recent years in order to generate resources to meet ever-growing demand on the VA health-care system. The Administration continues to rely upon "management improvements," a popular gimmick that was used by previous Administrations to generate savings and offset the growing costs to deliver care. Unfortunately, these savings were often never realized leaving VA short of necessary funding to address ever-growing demand on the health-care system. Additionally, the VA continues to overestimate and underperform in its medical care collections. Overestimating collections estimates affords Congress the opportunity to appropriate fewer discretionary dollars for the health care system. However, when the VA fails to achieve those collections estimates, it is left with insufficient funding to meet the projected demand. As long as this scenario continues, the VA will find itself falling farther and farther behind in its ability to care for those men and women who have served and sacrificed for this nation.

For FY 2014, *The Independent Budget* recommends approximately \$58.8 billion for total medical care, an increase of \$3.3 billion over the FY 2013 operating budget. Meanwhile, the Administration recommended an advance appropriation for FY 2014 of approximately \$54.4 billion in discretionary funding for VA medical care. When combined with the \$3.1 billion Administration projection for medical care collections, the total available operating budget recommended for FY 2014 is approximately \$57.5 billion.

The medical care appropriation includes three separate accounts—Medical Services, Medical Support and Compliance, and Medical Facilities—that comprise the total VA health-care funding level. For FY 2014, *The Independent Budget* recommends approximately \$47.4 billion for Medical Services. For Medical Support and Compliance, *The Independent Budget* recommends approximately \$5.84 billion. Finally, for Medical Facilities, *The Independent Budget* recommends approximately \$5.57 billion.

As explained previously, P.L. 111-81 required the President’s budget submission to include estimates of appropriations for the medical care accounts for FY 2013 and subsequent fiscal years. With this in mind, the VA Secretary is required to update the advance appropriations projections for the upcoming fiscal year (FY 2014) and provide detailed estimates of the funds necessary for the medical care accounts for FY 2015.

For the first time this year, *The Independent Budget* offers baseline projections for funding for the medical care accounts for FY 2015. While we have previously deferred to the Administration and Congress to provide sufficient funding through the advance appropriations process, we have growing concerns that this responsibility is not being taken seriously. The fact that for two fiscal years in a row the Administration recommended funding levels that were not changed in any appreciable way upon review, and the fact that Congress simply signed off on those recommendations without thorough analysis, leads us to conclude that VA funding is falling farther and farther behind the growth in demand for services. We believe the continued feedback from veterans around the country about long wait times and lack of access to services affirms this belief. As such, we have decided to offer our own estimates of what we believe the true resource needs will be for the VA health care system in FY 2015.

For FY 2015, *The Independent Budget* recommends approximately \$61.6 billion for total medical care. Unfortunately, the Administration has yet to provide its FY 2014 Budget Request which will include an advance appropriation recommendation for FY 2015 for VA health care. For FY 2015, *The Independent Budget* recommends approximately \$49.8 billion for Medical Services. For Medical Support and Compliance, *The Independent Budget* recommends approximately \$6.14 billion. Finally, for Medical Facilities, *The Independent Budget* recommends approximately \$5.69 billion.

Paralyzed Veterans would like to applaud Chairman Miller and Ranking Member Michaud for introducing H.R. 813, the “Putting Veterans Funding First Act of 2013.” This legislation requires all accounts of the VA to be funded through the advance appropriations process. It would provide protection for the operations of the entire VA from the political wrangling that occurs as a part of the appropriations process every year. Similarly, we would like to thank Representative Brownley for introducing H.R. 806, the “Veterans Healthcare Improvement Act.” This legislation permanently establishes the Government Accountability Office’s reporting requirements as a part of VA advance appropriations.

PROTECTION OF THE VA HEALTH CARE SYSTEM, WITH A FOCUS ON SPECIALIZED SERVICES—The VA is the best health care provider for veterans. Providing primary care and specialized health services is an integral component of VA’s core mission and responsibility to veterans. Across the nation, VA is a model health care provider that has led the way in various areas of medical research, specialized services, and health care technology. In fact, the VA’s specialized services are incomparable resources that often cannot be duplicated in the private sector. However, these services are often expensive, and are severely threatened by cost-cutting measures and the drive toward achieving management efficiencies.

Over the years, the VA has earned a reputation as a leader in the medical field for its quality of care and innovation in both the health care and medical research fields. However, even with VA's advances as a health care provider, some political leaders and policy makers continue to advocate expanding health care access for veterans by contracting for services in the community. While we recognize that VA must tap into every resource available to ensure that the needs of veterans are being met, such changes to the Veterans Health Administration (VHA) would move veterans out of the "veteran-specific" care within VA, leading to a diminution of VA health care services, and increased health care costs in the federal budget. Despite recent calls for providing veterans with increased access through vouchers for private care or the expansion of fee basis care, Paralyzed Veterans strongly believes that VA remains the best option available for veterans seeking health care services.

The VA's unique system of care is one of the nation's only health care systems that provide developed expertise in a broad continuum of care. Currently, VHA serves more than 8 million veterans, and provides specialized health care services that include program specific centers for care in the areas of spinal cord injury/disease, blind rehabilitation, traumatic brain injury, prosthetic services, mental health, and war-related poly-traumatic injuries. Such quality and expertise on veterans' health care cannot be adequately duplicated in the private sector.

Moreover, specialized services, such as spinal cord injury care, are part of the core mission and responsibility of the VA. These services were initially developed to care for the unique health care needs of veterans. The provision of specialized services is vital to maintaining a viable VA health care system. Specialized services are part of the primary mission of the VA. The erosion of these services would lead to the degradation of the larger VA health care mission. Reductions in beds and staff in both VA's acute and extended care settings have been reported, even though Public Law 104-262, "The Veterans' Health Care Eligibility Reform Act of 1996," mandated that VA maintain its capacity to provide for the special treatment and rehabilitative needs of veterans. In addition, Congress required that VA provide an annual capacity reporting requirement, to be certified or commented upon, by the Inspector General of the Department. Unfortunately, this basic reporting requirement expired in 2004.

With growing pressure to allow veterans to seek care outside of the VA, the VA faces the possibility that the critical mass of patients needed to keep all services viable could significantly decline. All of the primary care support services are critical to the broader specialized care programs provided to veterans. If primary care services decline, then specialized care is also diminished.

Meanwhile, as VA services are designed specifically to meet the needs of veterans, VHA has received excellent ratings from patient satisfaction surveys, and garnered much recognition for its national safety program. The VA's system of patient-centered and coordinated care helps to ensure safe and consistent delivery of services. Additionally, independent research organizations have also found VA to be the lowest cost provider when compared to private health care systems. Paralyzed Veterans will continue to oppose any efforts that place the VA health care system at risk of being unable to properly meet the health care demands of veterans, particularly veterans with spinal cord injury or dysfunction.

OVERSIGHT OF THE VA PROSTHETICS PROGRAM—The VA Prosthetic and Sensory Aids Service (PSAS) has created a prosthetics and surgical products contracting center within the VA Office of Acquisition and Logistics that is responsible for ordering prosthetic devices that cost \$3000 or more. This change has resulted in delayed delivery of prosthetic devices, the

diminution of quality service delivery for disabled veterans, and prolonged hospital stays for veterans waiting for prosthetic equipment that they need to safely move forward in the rehabilitation process.

The implementation of the new warrant transition process has not unfolded as planned, and an increasing number of veterans are suffering the consequences, languishing in hospitals as in-patients, or at home without their much needed prosthetic equipment. The VA is not communicating effectively with veterans and stakeholders in the veteran community to learn of the various ways that this change is impacting veterans and the delivery of their care. Paralyzed Veterans believes that VA's new warrant transition process requires more attention than it is currently receiving, and we recommend increased Congressional oversight to bring attention to the negative outcomes that have resulted from this change, and identify ways to address the issues.

Although the warrant transition involves a small percentage of the total workload for VHA, this change includes critical prosthetic devices such as artificial limbs, wheeled mobility chairs, and surgical implants. Delays in these procurements prove costly to both the government, in terms of unnecessarily extended hospital stays while awaiting equipment, and veterans, in terms of lost independence and quality of life.

PROTECTING VETERANS BENEFITS WHILE MODERNIZING THE VA CLAIMS

PROCESS— Paralyzed Veterans believes that VA benefits have no place in deficit reduction efforts. VA disability compensation is a benefit provided because an individual became disabled in service to the country. In addition, many ancillary benefits—particularly Specially Adapted Housing benefits, adaptive automobile assistance, and vocational rehabilitation—are provided to service connected disabled veterans. Moreover, education benefits, such as the Post-9/11 GI Bill, are earned through service. These benefits reflect the debt of gratitude this nation owes the men and women who served in uniform and recognize the challenges they face every day as a result of their service. Any attempt to reduce or modify eligibility criteria would be considered an abrogation of the responsibility that this nation has to veterans and would be wholly unacceptable. Additionally, reduction in funding for VA pension programs would place veterans who live on the financial margins to face the prospect of poverty and homelessness.

Meanwhile, the Veterans Benefits Administration (VBA) continues to work toward reducing the backlog of VA claims, but they must focus on creating a veteran's benefits claims processing system designed to "get each claim done right the first time." This goal cannot be over emphasized. This system needs to be based upon modern, paperless information technology (IT) and workflow systems focused on quality, accuracy, efficiency and accountability and must be capable of continuous improvement. VBA must evolve its corporate culture to focus on information gathering, systems analysis, identification of problems, creative solutions and rapid adjustments. If VBA stresses quality control and training, and continues to receive sufficient resources, timeliness will improve and production will increase and then and only then can the backlog be reduced and eventually eliminated.

VA has presented over 40 initiatives as components of its transformation plan which signals a commendable effort on VA's part to comprehensively confront issues that have long plagued its systems and processes. However, the success of this litany of initiatives depends heavily on whether the VA Regional Offices are properly staffed and resourced, training is adequate, and the cost-benefit analyses are thorough and honest. Given the enormous pressure to reduce the backlog, Paralyzed Veterans is also concerned that there could be a bias towards process

improvements that result in greater production over those that lead to greater quality and accuracy.

VA's most anticipated initiative, the Veterans Benefits Management System (VBMS), pioneered the development of a paperless claims IT solution to improve future business processes. It was intended to enable more efficient claims process flow to reduce cycle time by eliminating paper claims and supporting process changes, but its success to date is qualified by the reality that the system is designed to handle simpler cases than those Paralyzed Veterans typically sees and few cases processed to date have involved catastrophic disabilities. Rules-based processes like VBMS treat all veterans the same and can be flawed by imperfect rulemaking and application and does not have the human interaction to fully understand the circumstances of a specific injury.

VBA has struggled for decades to provide timely and accurate decisions on claims for veterans' benefits, especially disability compensation. However, despite repeated prior attempts to reform the system, VBA has never been able to reach the goals it has set for itself. Whether VBA can be successful this time depends to a large extent on whether it can complete a cultural shift away from focusing on speed and production to a business culture of quality and accuracy.

There have been some encouraging steps towards such a cultural shift over the past few years; however, this early progress must be institutionalized in order to create the long term stability needed to eliminate the current backlog of claims, and more importantly, prevent such a backlog from returning in the future. VBA must change the way it measures and reports the work it performs as well as the way in which employees are rewarded, in order to reflect the principle that quality and accuracy are at least as important as speed and production. It is our understanding that VBA is actually making changes to its methodology for evaluating claims decisions and performance at this time. Ensuring that decisions are correct the first time will, over time, increase public confidence in the VA and decrease appeals.

One of the more positive steps that have occurred as a part of VBA's transformation has been the open and candid attitude of VBA's leadership over the past several years, particularly progress towards developing a new partnership between VBA and veterans' service organizations that assist veterans in filing claims. Veterans' service organizations have vast experience and expertise in claims processing, with local and national service officers holding power of attorney (POA) for hundreds of thousands of veterans and their families. We do however have concerns that VBA has once again shut the door on VSO input with regards to the ongoing revisions of the VA schedule for rating disabilities (VASRD). Our initial assessment of VA's proposed changes to some of the body systems in the VASRD led us to believe that VA was moving in the wrong direction. However, once we began expressing our concerns to VA, access to the revision efforts became more difficult. As a key stakeholder, we believe it is absolutely imperative that VSO's retain a leading role as the VA updates its processes and regulations. It will be incumbent upon the Committees to conduct substantive oversight on VBA's activities to ensure that the primary objective—accurate decisions the first time—is being achieved.

BENEFITS FOR SEVERELY DISABLED VETERANS— Paralyzed Veterans believes that it is time for the Committees to make a concerted effort to improve benefits for the most severely disabled veterans particularly with regards to the rates of Special Monthly Compensation paid to severely disabled veterans. We also believe the Committees should consider the larger benefit

that providing travel reimbursement to catastrophically disabled non-service connected veterans will have on the long term care costs that can be saved from this population of veterans.

As you know, there is a well-established shortfall in the rates of Special Monthly Compensation (SMC) paid to the most severely disabled veterans that the VA serves. SMC represents payments for “quality of life” issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction or the need to rely on others for the activities of daily life like bathing, or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do not believe that a veteran can be totally compensated for the impact on quality of life; however, SMC does at least offset some of the loss of quality of life.

Paralyzed Veterans believes that an increase in SMC benefits is essential for veterans with severe disabilities. Many severely injured veterans do not have the means to function independently and need intensive care on a daily basis. Many veterans spend more on daily home-based care than they are receiving in SMC benefits. With this in mind, Paralyzed Veterans would like to recommend that Aid and Attendance (A&A) benefits be appropriately increased. Attendant care is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. In fact, many Paralyzed Veterans members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC-A&A beneficiaries at the R2 compensation level (the highest rate available). We encourage the Committees to consider legislation that specifically address increases to the R1 and R2 rates for SMC and A&A benefits soon.

Also, we believe the Committee should consider expanding travel reimbursement benefits to catastrophically disabled non-service connected veterans. While we recognize that the VA will face tighter budgets in the future, and that this benefit could add a significant cost to the VA, we believe the short term costs of expanding this benefit to this population of veterans would be far outweighed by the potentially greater long term health care costs for these veterans. Too often, catastrophically disabled veterans choose not to travel to VA medical centers for appointments and procedures due to significant costs associated with their travel. They then may end up at an outpatient clinic or a private health care facility that is ill-equipped to meet their specialized health care needs. The result is often the development of far worse health conditions and a higher cost of care. By ensuring that catastrophically disabled veterans are able to travel to the best location to receive necessary care, their overall health care costs to the VA can be reduced.

LONG-TERM CARE—Paralyzed Veterans continues to be concerned about the lack of VA’s long-term care services for veterans with spinal cord injury or dysfunction (SCI/D). Approximately 7,300 of our members are now over 65 years of age and another 6,000 are currently between 55 and 64. These aging veterans are experiencing an increasing need for VA’s home and community-based services and VA’s specialized SCI/D nursing home care. Unfortunately, we believe that VA is not requesting and Congress is not providing sufficient resources to meet the demand.

The ability to remain in the home for many of these veterans is based on their ability to receive VA home and community-based services such as hospital based home care or respite services. For others, their living status and independence is based on the health of a primary caregiver, usually a spouse, who is also aging and may no longer be able to provide the level of support

they once could. VA's non-institutional long-term care services are keys to supporting aging SCI/D veterans and their caregivers and their desires to remain home as they grow older.

Unfortunately, the ability of veterans with SCI/D to access a full range of VA home and community-based care varies across the country. Waiting lists exist at almost all VA facility locations and many other VA facilities don't offer the full range of services mandated by the "Millennium Health Care Act." Additionally, VA program geographic boundaries often limit access to long-term care services provided by a regional VA SCI center.

The availability of these services is necessary to support veterans with SCI/D and their aging caregivers in their own homes, where they most want to be, and at a dramatically lower cost of care to VA. Paralyzed Veterans requests that your Committees encourage VA to provide the full range of home and community-based long-term care services, as mandated by P.L. 106-117, the "Veterans Millennium Health Care and Benefits Act of 1999," at each and every VA facility within the system.

Currently, VA operates only five designated long-term-care facilities for SCI/D veterans. Unfortunately, the existing centers are not geographically located to meet the needs of a nationally distributed SCI/D veteran population. Often, the existing centers do not have space available for new veterans needing long-term-care services, and facilities have long waiting lists for admission. VA has designated SCI/D long-term-care facilities because of the unique medical needs of SCI/D veterans, and the specialty skills and qualifications that are necessary to care for and meet the medical needs of veterans with SCI/D. Therefore, when veterans do not have access to SCI/D long-term-care centers, the quality of care provided is compromised and veterans are forced to seek alternative care settings such as non-SCI/D nursing homes.

While VA has identified the need to provide additional SCI/D long-term-care centers, and has included these additional centers in ongoing facility renovations, such plans have been pending for years. To ensure that SCI/D veterans in need of long-term-care services have timely access to VA centers that can provide quality care, both VA and Congress must work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing long-term-care centers, as well as increase the number of centers throughout VA. Paralyzed Veterans, in accordance with the recommendations of *The Independent Budget* for FY 2014, recommends that VA SCI/D leadership design a SCI/D long-term-care strategic plan that addresses the need for increased access, and makes certain that VA SCI/D long-term-care services allow SCI/D veterans to attain or maintain a community level of adjustment, and maximal independence despite their loss of functional ability"

REPRODUCTIVE SERVICES FOR CATASTROPHICALLY DISABLED VETERANS— A continuing high priority for Paralyzed Veterans is the provision of reproductive services for catastrophically disabled service-connected veterans. One of the most devastating results of spinal cord injury or dysfunction for many individuals is the loss of the ability to have children and raise a family. Paralyzed Veterans has long sought inclusion of reproductive services in the spectrum of health care benefits provided by the VA. We believe they are critical components of catastrophically disabled veterans' maximization of independence and quality of life.

Advancements in medical treatments have for some time made it possible to overcome infertility and reproductive disabilities. For some paralyzed veterans procreative services have been secured in the private sector at great cost to the veteran and family. Similar to the Department of Defense's recognition that reproductive services are crucial elements in affording

catastrophically disabled individuals and their spouses with life-affirming ability to have children and raise a family, so too will passage of legislation that will authorize the VA to offer similar services to veterans disabled in service to the nation.

With this in mind, we strongly urge the Senate VA Committee to consider and approve S. 131, the “Women Veterans and Other Health Care Improvements Act.” This legislation would afford catastrophically disabled veterans and their spouses the opportunity to finally realize the dream of having children. We would also like to point out that Representative Rick Larsen (D-WA) is preparing to introduce companion legislation to S. 131. We hope that all members of the House VA Committee will consider cosponsoring this legislation. Additionally, we urge the House VA Committee to take up and approve this legislation as soon as it is introduced.

INCREASE IN CHAMPVA BENEFICIARY AGE—The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services for eligible beneficiaries, including children up to age 23. Due to the similarity between CHAMPVA and the Department of Defense (DOD) TRICARE program the two are often mistaken for each other. However, CHAMPVA is a VA managed program whereas TRICARE is a health care program for active duty service members, military retirees and their families and survivors.

In accordance with the provisions of P.L. 111-148, the “Patient Protection and Affordable Care Act (ACA),” all commercial health insurance coverage along with TRICARE has increased the age for covered dependents from 23 years old to 26 years old. At this time the only qualified dependents that are not covered under a parent’s health insurance policy up to age 26 are those of 100 percent service-connected disabled veterans covered under CHAMPVA. It is time for Congress to correct this oversight. We urge the House VA Committee to consider and approve H.R. 288 and the Senate VA Committee to consider and approve S. 325 in order to fix this injustice once and for all.

VETERANS EMPLOYMENT AND TRANSFER OF VETS TO VA— The unemployment rate for veterans with catastrophic disabilities currently lingers around 85 percent. Unfortunately, this statistic was true even when the economy was booming. Some of this is due to low self-expectations on the veteran’s part. But employers have played a role in this as well, by submitting to stigmas and misperceptions about the cost of hiring disabled veterans. Paralyzed Veterans led the way by launching our Paving Access for Veterans Employment (PAVE) Program in 2007 in order to erase stigmas and change expectations for veterans who suffered a life-changing circumstance and need help regaining independence and economic self sufficiency.

Our PAVE Program provides core services to more than 1500 veterans, extended services (benefits, health, and/or career assistance) to over 30,000, and our Master’s-level certified counselors have helped more than 250 hard-to-place clients achieve their vocational goals. PAVE counselors and service officers serve any veteran, spouse, or dependent, at no cost to them. Our services extend to all 50 states and Puerto Rico through six regional offices collocated with VA Spinal Cord Injury Centers and our network of 69 service offices around the country. The secret of our success is the “supported employment” model we use. This model allows us to engage veterans at the bedside while they recover, integrate resources, and customize services to individual needs. We then remain Partners For Life with our veterans to ensure they never have to go it alone.

Similarly, we appreciate the emphasis that the Committees have placed on veterans' employment in the last few years. And yet, we believe more can be done. We strongly recommend the Committees adopt a resolution calling for a five-year extension of the Work Opportunity Tax Credit (WOTC), including the VOW Act credits for veterans incorporated in WOTC. WOTC is particularly important to disabled veterans because two out of three veterans find jobs in the private sector. Unfortunately, most small and medium size enterprises aren't participating in WOTC because the program will expire at the end of this year. If WOTC were made permanent or at the very least extended for a minimum of five years, we believe significant opportunities would be opened to veterans and disabled veterans seeking employment.

Additionally, we would like to recommend a transfer of all programs administered by the Department of Labor's Veterans Employment and Training Service (VETS) to the VA. This recommendation is also included in *The Independent Budget* for FY 2014. For nearly two decades, VETS has been charged with providing employment services to veterans and disabled veterans to reengage them in the workforce. Unfortunately, multiple reports from the Government Accountability Office (GAO) and other government commissions have shown that VETS has been unable to provide adequate oversight of the State Grant program and has failed to implement adequate performance metrics to determine the quality of services provided to veterans seeking employment. Moreover, too often Disabled Veterans Outreach Program (DVOP) specialists and Local Veterans Employment Representatives (LVER) have been forced to perform other functions with state workforce agencies leaving veterans without adequate service.

For this reason, Paralyzed Veterans continues to advocate for legislation that would consolidate the programs administered by VETS under the authority of the Department of Veterans Affairs (VA). Consolidating these programs under the umbrella of the VA will ensure better management, oversight, and ultimately productivity from VETS staff. Additionally, it will ensure that these critical services for veterans are given the highest priority, a principle that is severely lacking under the administration of DOL.

“ONE VA”—In the end, many of the concerns that I have raised reflect the belief that this is not “One VA.” While our ears hear “One VA,” our eyes and our experiences show us 21 individual VA systems masquerading as Veteran Integrated Service Networks (VISNs). The VISN model of health care was intended to create strategic alliances among VA medical centers, clinics and other sites; sharing agreements with other government providers; and other such relationships. Instead, we see these VISNs being run like autonomous entities in a fragmented network, with inconsistent policies and budgetary turf battles that leave many veterans faced with delayed or denied access to care or prosthetics items.

In fact, Paralyzed Veterans service officers had to get involved when one of our members—a 94-year old paralyzed Marine who fought in WWII—endured a longer in-patient stay because two VISNs could not decide which VISN would pay for his hooyer lift and commode chair he needs to live independently. In the “One VA” world, it is not his burden. But in this real instance, he was the one caught in the middle of two independently operating VISNs, thus defying any notion of there being “One VA.”

On balance, VA is fortunate to have good people who still adhere to the principle that veterans come before cost considerations and policies. Even in times of national economic difficulty and profound organizational transformation, our Nation's security is still preserved by the men and

women who take the oath and believe in the Country's promise to care for him or her should they suffer injury or disease. But until we have 21 VISNs that operate with a common purpose, under common policies, variability between VISNs will create even more gaps in which the most vulnerable veterans will fall. We hear "One VA." Now show us "One VA."

Paralyzed Veterans of America appreciates the opportunity to present our legislative priorities and concerns for the second session of the 112th Congress. We look forward to working with the Committees to ensure that sufficient, timely, and predictable resources are provided to the VA health care system so that eligible veterans can receive the care that they have earned and deserve. Chairmen Miller and Sanders, I would like to thank you again for the opportunity to testify. I would be happy to answer any questions you have.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2013

No federal grants or contracts received.

Fiscal Year 2012

No federal grants or contracts received.

Fiscal Year 2011

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program— \$262,787.

BILL LAWSON



NATIONAL PRESIDENT

Bill Lawson of Woodward, OK, was reelected for a third term as national president of Paralyzed Veterans of America, during its 66th Annual Convention in August. He is a Paralyzed Veterans' life member.

Previously, Lawson served as national senior vice president from October 2009–October 2010, and had served as a national vice president for Paralyzed Veterans since 2006 and had held terms previously from 1995 to 2000. Lawson chaired the Field Advisory Committee from 1996 through 2000 and was reappointed by Paralyzed Veterans' National President Randy L. Pleva Sr. to this position in 2006. As chairman, his primary responsibility was that of “watchdog” of the numerous spinal cord injury facilities across the United States. He also previously served as chairman of a Paralyzed Veterans' ad hoc committee on multiple sclerosis (MS). This committee is charged with reorganizing a system of care for MS veterans using the Department of Veterans Affairs health-care system. Although active in advocacy and legislation issues, Lawson's first priority as president has always been that of improving health care for all veterans, especially those with spinal cord injury or dysfunction.

A native Oklahoman, Lawson was honored with the Advocate of the Year award by the Oklahoma Department of Rehabilitation Services in April 2011, for his work on behalf of all people with disabilities. He has held various key positions in the Paralyzed Veterans' Mid-America Chapter, and has also served as a panelist on the Oklahoma Veterans Council in Oklahoma City, which is composed of numerous veterans service groups within the state. He was also appointed to serve as a representative on a health-care task force developed by Oklahoma lawmakers. Lawson is a founding member of the Disabled American Veterans chapter in northwest Oklahoma, where he served as its commander for three years.

While serving in the U.S. Army, Lawson was stationed at various bases throughout the United States, Germany and Japan. He enlisted in 1968 and was honorably discharged in 1979 after 11 years of service to his country. He and his wife, Linda, currently reside in Woodward, OK.

Lawson took office with the other members of Paralyzed Veterans' Executive Committee on October 1, 2012, for one year.