

Statement for the Record by Lauren Augustine Legislative Associate

of

Iraq and Afghanistan Veterans Of America

before the

Senate Committee on Veterans' Affairs

hearing on

Pending Legislation

October 6, 2015

			IAVA
Bill #	Bill Name or Subject	Sponsor	Position
S. 717	Community Provider Readiness Recognition Act of 2015	Sen. Donnelly/Ernst	Support
S. 1676	DOCs for Veterans Act of 2015	Sen. Tester	Support
	Amend title 38 to make permanent the increase in number of judges presiding over the United States Court of Appeals for Veterans Claims		
S. 1754		Sen. Shaheen	Support
S. 1885	Veteran Housing Stability Act of 2015	Sen. Blumenthal	Support
S. 2013	Los Angeles Homeless Veterans Leasing Act of 2015	Sen. Feinstein/Boxer	Support
	Amend title 38 to increase the amount of special pension for Medal of Honor recipients		
S. 2022		Sen. Graham	Support



Chairman Isakson, Ranking Member Blumenthal and Distinguished Members of the Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members and supporters, we would like to extend our gratitude for the opportunity to share our views and recommendations regarding these pieces of legislation.

IAVA supports each of the bills before the Committee today. Having established that, I would like to focus my testimony on two areas that our members have expressed the greatest concern: (1) increasing access to health care and mental health care; and (2) eliminating veteran homelessness.

Combating suicide among troops and veterans remains a top priority for IAVA and its members. According to IAVA's 2014 member survey, 40% of respondents knew at least one Iraq or Afghanistan veteran who has died by suicide and 47% of respondents knew at least one Iraq or Afghanistan veteran who had attempted suicide. While the work conducted by this Committee on the Clay Hunt Suicide Prevention for America Act is greatly appreciated, there is still much more work to be done with regard to providing mental health care and support to veterans and their families. First and foremost is the need to ensure that the Clay Hunt Act is being implemented appropriately, and IAVA strongly urges the Committee to conduct an oversight hearing before the end of 2015 to this end.

IAVA recognizes that the Department of Veterans Affairs (VA) provides a unique, and needed, service by staffing mental health care providers specifically trained to understand military culture and experiences, and by using evidence-based treatments proven most effective at treating the mental health concerns facing veterans. There is no question that the VA should remain the leading experts on veteran-specific care and services. However, many veterans do choose to seek



care outside of the VA system. According to the 2014 IAVA member survey, 58% of respondents used VA health care, which leaves a sizeable percentage seeking non-VA care. In light of that, IAVA supports the measures outlined in S. 717 to identify non-VA mental health care providers that have military-specific competencies.

Fostering a greater awareness of military culture and best practices of care among non-VA providers will increase access to care and strengthen the overall community of care available to veterans, which are two key components in decreasing veteran suicide. Additionally, providing a mechanism for private providers to identify themselves as having military competencies will encourage more providers to gain that knowledge and provide evidence-based treatment to veterans in their communities. There are already several mechanisms in place to aid in a quick and efficient implementation of this program while not increasing the workload of the VA. IAVA encourages the Members of this Committee to recognize the potential benefit of this program and work together to help connect veterans to a valuable network of providers.

Tied to the mental health care needs of veterans, ensuring greater access to VA health care must remain a priority for all in the veteran community in order to prevent a repeat of the egregious situation that came to light out of Phoenix in 2014. While the Choice Act created a foundation for change at the VA, there are additional areas of concern that still need to be resolved. In understanding that need, IAVA supports the numerous provisions in the Delivering Opportunities for Care and Services for Veterans (DOCS) Act that build on the initiatives of the Choice Act to ensure the VA is adequately meeting the needs of veterans seeking care.

The Choice Act included a provision to add 1500 Graduate Medical Education



slots, or medical residences, at the VA to help increase awareness of the opportunities available at the VA. These residences are currently included in the cap for Medicare-funded residences and it is impacting the VA's ability to fully utilize the increase in residencies. This legislation excludes those 1500 residences from the Medicare-funded cap to give the VA and its local partners the capability of utilizing the residency increase in the manner in which it was intended. This legislation also extends the residency program created by the Choice Act by five years to allow for realistic maturation of the residency program. IAVA supports this extension and in fact, would like to see the program made permanent. Additionally, IAVA highly supports the provision to specifically increase the number of behavioral health residencies through a pilot program in rural areas and encourages the Committee to use the pilot program as a model for increased behavioral health residences across the entire country.

Another area of concern highlighted by some of today's legislation addresses the rate of veteran homelessness across the country. There has been considerable progress made at addressing this issue in recent years, but the fact that tens of thousands of veterans remain homeless on a given night is a harsh reminder that there is need for additional support and services.

Given the progress made to end chronic veteran homelessness, there is now a need to address some of the concerns that can arise when a veteran may no longer be homeless, but is still in need of transitional assistance; and what communities should do moving forward with the housing and services created to address homelessness. In light of this, IAVA supports the Veteran Housing Stability Act, which builds on the successes of existing homeless prevention programs while addressing some of the shortfalls that need to be filled.

After chronic homelessness is ended, or dramatically reduced, there is a new



need in communities to ensure veterans can sustain permanent housing and to ensure providers responsibly use existing transitional housing. The provisions included in this legislation that that aim to accomplish those goals will help the VA and its community partners establish support services for veterans that will help prevent veterans from falling back into homelessness. IAVA applauds the progress the VA, community partners and state agencies have made at eradicating veteran homelessness, and encourages the type of long-term planning this legislation focuses on to continue ending veteran homelessness and to prevent future veterans facing the same problem.

Focusing on a specific regional homelessness concern, the West Los Angeles (L.A.) Homeless Veterans Leasing Act of 2015 will restore the ability of the West L.A. VA Campus to enter into enhanced use leases with community and state partners, which will help reinforce and support the effort to end veteran homelessness in an area greatly affected by the issue.

As a strong supporter of VA accountability and oversight, IAVA understands the original need to remove this authority, but believes under the leadership of Secretary McDonald and the oversight provided in this legislation, the West L.A. campus is poised to create a strong community for veterans in need of support. It is time the VA utilize this space and support from the community for its original purpose.

That support being stated, IAVA does encourage the Members of this Committee to work closely with the VA to ensure this legislation is supportive of and in congruence with the upcoming VA Master Plan set to be released in the near future. It is imperative that Congress and the VA work together to address this issue and ensure there are no competing directives; a veteran-centric model of care and services must continue to be the priority.



At IAVA, we believe our members, and all veterans, deserve the very best our nation can offer when it comes to fulfilling the promises made to them upon entry into the military. There is no doubt every Member of this Committee has the best interests of our veterans in mind when drafting legislation. But we do hope you take into consideration and implement what we, and our fellow veteran service organizations, have had to say on these pieces of legislation today.

Thank you for your time and attention. IAVA is happy to answer any questions you may have.



Biography of Lauren Augustine Legislative Associate, Iraq and Afghanistan Veterans of America

Lauren served in the US Army as an unmanned aircraft systems operator flying RQ-7Bs, better known as the Shadow. Lauren deployed with the Big Red One, 1st Infantry Division, to Taji, Iraq providing surveillance and reconnaissance for central Iraq and Baghdad. Lauren is currently working as a legislative associate for IAVA, where she advocates Congress to improve the lives of veterans and their families through legislation. Prior to joining the military, Lauren received a Bachelor's Degree in international studies and Russian language from Virginia Tech in 2009. In addition to her work with IAVA, she is a small business owner of a gym in Woodbridge, Virginia.

Statement on Receipt of Grants or Contract Funds

Neither Mrs. Augustine, nor the organization she represents, Iraq and Afghanistan Veterans of America, has received federal grant or contract funds relevant to the subject matter of this testimony during the current or past two fiscal years.