

STATEMENT OF  
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BEFORE THE

SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

**HEALTH CARE LEGISLATION**

WASHINGTON, D.C.

APRIL 15, 2008

MR. CHAIRMAN AND MEMBERS OF THIS SUBCOMMITTEE:

On behalf of the 2.3 million men and women of the Veterans of Foreign Wars of the U.S. and our Auxiliaries, I would like to express our appreciation for the opportunity to testify at today's legislative hearing. The issues under consideration today are of great importance to our members, and the entire veteran population.

**H.R. 2818**

This legislation would establish Centers of Excellence for the study of and treatment of epilepsy within the Department of Veterans Affairs (VA). The voting delegates to the 109<sup>th</sup> VFW National Convention approved Resolution 669, which calls for the creation of these centers, and we strongly support this legislation.

One of the contributing factors of epilepsy is brain injury. As many as 20 to 25% of individuals who suffer closed-head brain injuries eventually suffer from a form of epilepsy known as post-traumatic epilepsy (PTE). With the prevalence of Traumatic Brain Injuries (TBI) among OEF/OIF veterans, it stands to reason that VA will see an increase in the number of veterans suffering from PTE or other seizure disorders.

In May 2007, Dr. John Boos of the American Academy of Neurology testified before the Senate Committee on Veterans' Affairs with respect to research into these conditions and what we can expect from the present conflicts.

“Although we do not have data on post-traumatic epilepsy from the current conflicts, the statistics from the Vietnam era are alarming. VA-funded research conducted in collaboration with the Department of Defense found that 53 percent of veterans who suffered a penetrating

TBI in Vietnam developed epilepsy within 15 years. For these service-connected veterans, the relative risk for developing epilepsy more than 10 to 15 years after their injury was 25 times higher than their age-related civilian cohorts. Indeed, 15 percent did not manifest epilepsy until five or more years after their combat injury. As neurologists, we believe that the rate of epilepsy from blast TBI will also be high.”

Given the lack of research, and the outstanding questions concerning the condition, as well as what is likely to be a dramatic increase in the patients seeking treatment through VA, we clearly need these centers of excellence for epilepsy. Their creation would improve research, clinical care, diagnosis and education and outreach efforts throughout the entire Department and veteran community.

We thank Representative Perlmutter for introducing this important legislation, and we would urge the Subcommittee to take action to ensure this bill’s passage.

### **H.R. 5554**

The VFW is pleased to support the “Veterans Substance Use Disorders Prevention and Treatment Act.” This legislation would create a pilot program to expand and improve VA’s ability to treat veterans suffering from substance use disorders.

Section 2 of the bill enumerates ten types of care for the treatment of these disorders, including inpatient and outpatient counseling. We are especially pleased to see peer to peer counseling, interventions and marital and family counseling included among the types of services this bill would mandate. This bill takes it a step further, requiring VA to conduct outreach about the range of services the department provides to OEF/OIF veterans, which will help those affected by these disorders get the treatment they need to overcome these conditions.

Section 3 of the bill requires VA to allocate funding for these programs fairly based upon the number of veterans seeking these types of care, not just based upon the demand for all services within an area. This is important since substance use disorders are quite common in rural areas, places where access to the full range of VA’s services is not always easy. Improving outreach, but also the types of services VA can provide can only help these veterans receive proper care.

We support Section 4 of the legislation, which would expand VA’s outreach efforts for these conditions, by creating a pilot program for internet-based self-assessments. Since the majority of OEF/OIF veterans are computer literate, and a great number of them use the internet as a daily part of their lives, a convenient web-based resource, where they can receive information about the range of options for treatment, can only help. We feel that this could also be an important resource for families of veterans who are concerned about their loved one’s condition, and who desire more information about the services available to the veteran. When younger generations are looking for information, they often first turn to the internet. This can only help get them the answers they are seeking.

This issue is important because substance abuse often comes hand-in-hand with other mental health issues, all of which are on the rise among OEF/OIF veterans. Substance abuse is linked to depression, PTSD, and many other mental health conditions. A 2007 study of the Post-Deployment Health Reassessments from the Maine Army National Guard showed that about 12 percent of returning soldiers reported alcohol misuse. Despite this, less than half a percent were referred to treatment. VA’s services for these conditions have gone down over the last decade or so, and it is clear that they

must be restored to meet this growing demand. Treating these conditions early and managing problems before they worsen is the right thing to do for these brave men and women, giving them a hand up as they make the sometimes difficult transition back into civilian life.

To alleviate the problems, we urge swift action to restore, expand, and improve VA's ability to treat substance abuse disorders among veterans.

### **H.R. 5595**

The VFW is happy to support the "Make Our Veterans Smile Act." This legislation would require VA to provide outpatient dental care to all service-connected veterans. Under current law, only certain types of veterans are eligible for dental care, including veterans who have a service connection of 100%, or veterans who have a direct service connection for dental-related issues. The majority of disabled veterans are not eligible for care.

We believe that VA should provide dental care as part of the uniform benefits package. It is an essential part of health care and should be provided as part of the full continuum of health care for which we have long advocated.

Poor dental care can create larger health problems down the road, and for some veterans, poor dental health can create image problems, which make finding a job difficult. VA does provide dental care for certain veterans enrolled in the vocational rehabilitation program, but not every veteran is, and although we would like more veterans to utilize the service if they need it, it should not be a prerequisite for dental treatment.

### **H.R. 5622**

The VFW supports the intent of this bill, the "Veterans Timely Access to Health Care Act," but we cannot support it. This legislation would create a 5-year pilot program to provide contract care for any veteran who would have to wait thirty days or more for primary care in VISN 8.

The VFW shares the desire to see all veterans have timely access to high-quality VA health care. It has been and continues to be our highest legislative priority. We feel, however, that this legislation would create more problems with the availability of health care across the system than it would fix for those veterans in the pilot program.

Contract care is at a much higher rate than the cost of care that VA provides. The problems with access to care are a function of VA not having enough resources. This bill would take away even more resources – at an inefficient price compared to VA care – from the system, lessening the number of patients VA can treat with limited health care dollars even further. We must be mindful of these unintended consequences of the legislation.

The fix for this problem this bill aims to solve is to increase the resources available to VA so that they do not have to ration care. With proper funding, there should not be a problem. It is also important that VA receive funding on time, to ensure that it can properly plan for and manage these dollars efficiently. Additionally, on-time funding would allow VA to recruit, hire and train doctors, nurses and other health care providers, ensuring that VA has sufficient staff to keep up with demand. Congress has made great strides in improving the amount of funding – for which the VFW applauds

your efforts – but a greater effort in delivering an on-time budget would help VA to plan properly for the year.

We strongly support the reporting requirements of the bill. Accurate information about the waiting times across the system have been hard to come by, and hard numbers are always more informative than anecdote. Better numbers would allow us to understand the problem, if any, as well as to see what areas are having difficulties, aiding attempts to fix the problems

### **H.R. 5730**

The VFW supports this legislation, which would require the display of an injured and amputee veterans bill of rights. The display simply reaffirms the rights of these injured service men and women, letting them know what is expected of them, and what they can expect from VA.

### **Draft Bill, the “Spina Bifida Health Care Program Expansion Act”**

The VFW supports this legislation, which would mandate health care for children suffering from spina bifida of Vietnam Veterans. It would fulfill VFW Resolution 640, which the voting delegates to our 109<sup>th</sup> National Convention approved.

Under current law, the secretary has a lot of discretion about which care and services VA provides to these children. Although the direct care of their condition is typically covered, given the range of complicated health care problems they face, and its probable link to exposures of their veteran parent, it is only fair that the range of services provided to them be opened up fully. Were it not for their parent’s military service, these children of those veterans would likely not be suffering from this life-long and debilitating condition. Expanding care to them – including the provision of the bill that would give VA the authority to provide domiciliary care – is clearly the correct thing to do.

Mr. Chairman, this concludes my testimony. I would be happy to answer any questions you or the Subcommittee may have.