Chairman Sanders, Ranking Member Burr, and Members of the Committee:

Thank you for inviting Wounded Warrior Project (WWP) to provide views on pending health-related legislation. Several of the measures under consideration address issues of keen importance to wounded warriors and their family members.

Health Promotion

Among these bills, Mr. Chairman, we welcome the focus on health-promotion in S. 852, and believe VA health care facilities can be important settings to advance the goal of wellness. As an organization deeply engaged in developing and operating programs to empower wounded warriors, we work very actively to promote health and wellness. Complementing WWP’s programmatic work, we see merit in advancing health-promotion and wellness in the VA, and in expanding through rigorous scientific study our understanding of the potential benefits of complementary and alternative medicine (CAM) for certain chronic health conditions. Given its size and reach, the VA health care system could certainly serve as a national laboratory to participate in studying the potential of certain avenues of complementary and alternative medicine to treat, or complement the conventional treatment of, particular conditions. Working in concert with NIH’s National Center for Complementary and Alternative Medicine, VA could, for example, help mount large-scale, rigorous studies to assess the effectiveness and safety of particular practices in the treatment of certain chronic conditions.
S. 852 would direct VA to operate in each network at least one center to conduct CAM research, education and training, and clinical care. The bill would also direct VA to establish several pilot programs, including establishing an additional 15 centers to provide services involving CAM for veterans who have mental health conditions and suffer with pain; a grant program to assess the use of wellness programs for combat veterans and their family members; and pilot programs involving fitness activities. While we are supportive of an increased emphasis in VA on health promotion and wellness for wounded warriors, we would encourage further refinement of S. 852.

We see particular value in fostering the study and evaluation of promising therapies to complement the treatment of certain behavioral health conditions and the management of chronic pain and to help improve overall wellness of wounded warriors and their family members. These are areas where we – and many warriors – see a need for more therapeutic options than conventional health care offers. But there exist a wide range of therapies, products and practices under the umbrella of “complementary and alternative medicine.” These include alternative health care systems (such as homeopathic medicine, naturopathic medicine, ayurvedic medicine, traditional Chinese medicine, and Native American medicine); mind-body interventions (including hypnosis, meditation, and guided imagery); biological-based therapies (including herbal therapies, special diets, and megavitamin therapy); therapeutic massage and somatic movement therapies; energy therapies (quigong, reiki, and therapeutic touch); and bioelectromagnetics. ¹ Some of these systems of care have evolved over generations (such as in traditional Chinese medicine), and others from the clinical experiences of a single practitioner or small groups of practitioners who have developed a particular intervention. ² Some seem much more promising than others. To illustrate, the National Center for PTSD recently reported on the current state of research for complementary and alternative treatments for PTSD. They concluded that while CAM treatments like acupuncture, relaxation, and meditation hold some promise as an adjunct to traditional therapies, there is limited evidence of their effectiveness as alternative or stand-alone approaches. They report there is better support for using complementary methods in addition to other treatments or as a gateway to evidence-based services to engage those veterans who might otherwise not take part in other approaches. ³ Not only should distinctions be drawn among interventions in terms of their likely efficacy, but establishing the safety of interventions can be no less important with respect to complementary and alternative medicine than to conventional medicine.⁴

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² Id.
We recommend that S. 852 provide for a specific framework to assure that any CAM programs carried out under VA’s auspices adhere rigorously to such fundamental imperatives as safety and effectiveness. Equally important, we urge that any legislation involving CAM be built on the bedrock of the scientific method, to assure that any VA provision of CAM interventions, through pilot programs or otherwise, contributes to scientific and medical understanding, and better care in the future. Finally, we would suggest consideration of further revisions to the bill to take account of the following:

- that priority for research funding for CAM or any other health-related research should be determined through a merit-based peer-review process;
- that the designation of any specific number of new centers or programs involving the study or evaluation of CAM should be based on a methodology that includes such elements as (1) an independent assessment of what are the most promising CAM interventions that have particular relevance to health care issues prevalent among veterans, and (2) rigorous evaluation of the capabilities (including the potential size of a study cohort) of one or more VA medical centers to study each such issue (independently, collaboratively with other VA medical centers, or in partnership with an affiliated academic center(s)); and
- whether a particular proposed pilot program can produce statistically significant results or is susceptible of meaningful evaluation.

Caregiver-Assistance

S. 851 would expand VA’s comprehensive caregiver-assistance program to cover caregivers of veterans who were injured prior to 9/11. The Caregivers Act of 2010 was historic legislation that directed VA to provide important services and supports. However VA has yet to meet in full its obligations under that law. More than two years after initial implementation, VA still has not answered – let alone remedied – the problems and concerns that WWP and other advocates raised regarding the Department’s implementing regulations. For example, those regulations leave “appeal rights” unaddressed (including appeals from adverse determinations of law); set unduly strict criteria for determining a need for caregiving for veterans with severe behavioral health conditions; and invite arbitrary, inconsistent decisionmaking. Simply extending the scope of current law at this point to caregivers of other veterans would inadvertently signal to VA acquiescence in its flawed implementation of that law. We recommend that the Committee insist on VA’s resolving these long-outstanding concerns as a pre-condition to extending the promise of this law to caregivers of pre 9/11 veterans.

Prosthetics and Orthotics
S. 522, the Wounded Warrior Workforce Enhancement Act, would direct VA both to establish a program to provide grants to institutions that provide or intend to provide graduate education in prosthetics and orthotics, and to award a grant to support the establishment of a center of excellence in orthotic and prosthetic education, and research into the skills and optimal training needed by clinical professionals in such fields.

WWP has had concerns regarding the VA’s prosthetics and orthotics program. With its generally older patient population whose prosthetic needs are most often linked to diabetes and post-vascular disease, VA has faced a steep adaptation-curve as it relates to serving young warriors who have lost limbs in war.\(^5\) War zone injuries that result in amputations are often complex and can prove difficult for later prosthetic fitting because of length, scarring, and additional related injuries such as burns.\(^6\) VA has instituted an amputation system of care and initiated the development of amputee centers of excellence which can become important components of needed changes, but much more progress is needed to realize the underlying vision. Indeed the Department of Defense (DoD) has surpassed VA in providing state of the art rehabilitation for this generation of combat-injured amputee service members and veterans. Some have suggested that VA’s leadership role in prosthetics has declined and that prosthetics no longer holds the priority for VA it did in the past.\(^7\) VA prosthetics research, particularly—an area of real strength in the past and so important to serving wounded warriors tomorrow—has lagged, even as the numbers of new veteran-amputees climb steadily.

We do see a need for Congress to press VA to make these concerns a higher priority, and have urged such steps as the following:

- Ensure through ongoing oversight that the vision of a VA Amputee System of Care is realized; that VA meets its commitment to provide timely, needed prosthetics; and that it works to regain leadership in prosthetics research and service.
- Ensure that VA’s amputee-registry is deployed and used to track amputee-care and outcomes, conduct longitudinal studies and other research, and—working in concert with DoD—expand understanding of best practices;
- Establish a steering committee of experts composed of academicians, clinicians, and researchers to oversee and provide guidance to VA on the direction and operation of its prosthetics and orthotics program; and

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\(^6\) Ibid.

Develop guidance to assist clinicians in more appropriately prescribing durable medical equipment (in particular, expanding clinical practice recommendations through the use of guidelines such as are commonly employed in other fields of medical practice).

With regard to S. 522, we would acknowledge that VA may well face challenges in filling future vacancies in prosthetics and orthotics. But it is not clear that S. 522, while authorizing grants to institutions for a wide range of uses relating to prosthetics and orthotics education, is sufficiently focused to meet VA’s potential workforce needs.

Reproductive Assistance

S. 131, the Women Veterans and Other Health Care Improvements Act of 2013, raises important issues in proposing that VA would provide reproductive services and adoption assistance to assist in helping severely wounded, ill or injured veterans who have service-incurred infertility conditions to have children.

The experience of our operations in Iraq and Afghanistan has heightened the importance of grappling with the issue of reproductive services. Blasts from widespread use of improvised explosive devices (IED’s) in Iraq and Afghanistan, particularly in the case of warriors on foot patrols, have increasingly resulted not only in traumatic amputations of at least one leg, but also in pelvic, abdominal or urogenital wounds. While not widely recognized, the number and severity of genitourinary injuries has increased over the course of the war, with more than 12% of all admissions in 2010 involving associated genitourinary injuries. With that increase has come not only DoD acknowledgement of the impact of genitourinary injuries on warriors’ psychological and reproductive health, but recent adoption of a policy authorizing and providing implementation guidance on assisted reproductive services for severely or seriously injured active duty servicemembers. DoD’s policy, set forth in recent revisions to its TRICARE Operations Manual, applies to servicemembers of either gender who have lost the natural ability to procreate as a result of neurological, anatomical or physiological injury. The policy covers assistive reproductive technologies (including sperm and egg retrieval, artificial insemination and in vitro fertilization) to help reduce the disabling effects of the servicemember’s condition to permit procreation with the servicemember’s spouse.

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9 Id., at 16.
10 Id.
12 Dept. of Defense, TRICARE Operations Manual 6010.56-M, Chapter 17, Section 3, para. 2.6 (Sept. 19, 2012).
For veterans, however, VA coverage is very limited in scope. The regulation describing the scope of VA’s “medical benefits package” states explicitly that in vitro fertilization is excluded and that “[c]are will be provided only…[as] needed to promote, preserve, or restore the health of the individual….” Consistent with that limiting language, the VA’s benefits handbook advises women veterans with regard to health coverage that “…infertility evaluations and limited treatments are also available.”

In a departure from longstanding policy, the VA stated last year that “[t]he provision of Assisted Reproductive Services (including any existing or future reproductive technology that involves the handling of eggs or sperm) is in keeping with VA’s goal to restore the capabilities of Veterans with disabilities to the greatest extent possible and to improve the quality of Veterans’ lives.” In its statement, the Department also expressed support in principle for legislation authorizing VA to provide assistive reproductive services to help a severely wounded veteran with an infertility condition incurred in service and that veteran’s spouse or partner have children. It conditioned that support, however, on “assurance of the additional resources that would be required.”

Certainly the administration of a VA program that would assist wounded warriors and their spouses to conceive children would require careful attention to ethical and regulatory issues associated with providing advanced reproductive services. Economic considerations certainly can arise in that regard. But while these advanced interventions can be quite costly, cost should not be a barrier as it relates to this country’s obligation to young warriors who sustained horrific battlefield injuries that impair their ability to father or bear children.

WWP urges Congress to enact legislation that would enable couples who are unable to conceive because of the warrior’s severe service-incurred injury or illness to receive fertility counseling and treatment, including assisted reproductive services, subject to the development of reasonable regulations.

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13 38 C.F.R. § 17(c)(2).
14 38 C.F.R. § 17(b) (Emphasis added).
17 Id.
19 See Michelle Goodwin “A Few Thoughts on Assisted Reproductive Technology,” 27 L. & Ineq. 465 (2009). Among these regulatory issues, VA would have to address the need for physicians providing advanced reproductive technologies to fully inform couples as to their risks, including greater health risks in children born through these technologies. See N.Y. State Dept. of Health Task Force on Life and the Law, Assisted Reproductive Technologies: Analysis and Recommendations for Public Policy, available at: http://www.health.ny.gov/regulations/task_force/reports_publications/execsum.htm
20 Id.
Beneficiary Travel

S. 633 would amend current law governing VA’s “beneficiary travel” program to cover certain severely disabled veterans’ travel in connection with care provided on an inpatient (or lodger-basis) through a special VA disability-rehabilitation program.

WWP works extensively across the country with wounded warriors, specifically veterans and servicemembers who were injured, wounded or developed an illness or disorder of any kind in line of duty during military service on or after September 11, 2001. Our warriors certainly encounter barriers to receiving needed VA services – barriers that include sometimes-rigid VA appointment-scheduling, long-distance travel, and instances of inflexible program requirements. We are not aware, however, of problems that warriors have encountered regarding receipt of beneficiary travel generally or with respect to travel to special disability-rehabilitation programs. As such, we have no position on S. 633.

Thank you for your consideration of WWP’s views on these issues.