



WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD
COMMITTEE ON VETERANS AFFAIRS
UNITED STATES SENATE

MAY 17, 2017

Chairman Isakson, Ranking Member Tester, and Members of the Committee:

Thank you for inviting Wounded Warrior Project (“WWP”) to offer our views today on the legislation under consideration by the Committee. WWP brings perspectives based on our first-hand experiences offering comprehensive programs and services to warriors who have sustained wounds, injuries, and illnesses in service since 9/11 and their families. Two bills on your agenda address issues of particular importance to WWP, and what follows is our perspective on those bills.

S. 591 – Military and Veteran Caregiver Services Improvement Act of 2017

Having led the charge for Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, WWP remains committed to serving injured veterans and their family caregivers through advocacy and programmatic support. At WWP, our organizational focus is on the family caregivers of veterans and service members who have been wounded, ill, or injured since September 11, 2001. Nonetheless, we agree with our fellow veterans’ organizations that caregivers of all generations of veterans deserve comprehensive assistance and support.

These caregivers, like caregivers of the post-9/11 generation, help conserve state and federal agency resources by keeping seriously injured veterans at home, avoiding costly forms of care including institutionalization. In many cases, these caregivers sacrifice their own life experiences and successes, including careers, education, and retirement savings, in order to properly care for the veterans they support at home. These sacrifices often go unnoticed by society at large. As noted in a recent article:

Military caregivers are heroes in their own right, but their efforts are often unrecognized. They serve in the shadow of war, as their caregiving responsibilities persist for months and years after conflicts end. The men and women who have made sacrifices for their country often receive

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honors, awards, and benefits in recognition of their service—accolades and opportunities that they rightly deserve. Their caregivers help the disabled walk and eat, tend to wound care, or take them to their medical appointments, and rarely receive honors and awards. These caregivers are an incidental population, one that has received policy attention only as a consequence of the focus on the ones for whom they provide care. Yet their value is enormous. Military caregivers provide benefit to not only their loved one, but also to society. The care they render helps reduce health care costs to the government and society.¹

Though WWP’s mission is to assist caregivers of the post-9/11 generation, we recognize that the circumstances described above are no less true for the caregivers of previous generations and, for this reason, we would wholeheartedly support legislation that would improve the lives of pre-9/11 caregivers without hurting caregivers of the post-9/11 generation.

We do have concerns, however, that the portions of S. 591 that would expand the current Family Caregiver Program to prior generations – as drafted and at the current moment – would not accomplish this goal. We take this position in the context of (1) the challenges the Department of Veterans Affairs (“VA”) has faced while implementing the Family Caregiver Program and (2) the lack of an appropriation in this bill that would ensure VA has the means to care for an influx of new caregivers.

As the Committee is aware, even with its current scope serving only post-9/11 caregivers, VA has had significant challenges implementing the Family Caregiver Program. Several weeks ago, these challenges came to a head, and VA paused all revocations from the current program pending a complete review. WWP and other veterans groups have been in regular conversations with VA and congressional and other stakeholders about what improvements to the program are necessary. Rather than detail those conversations here, I am attaching as Exhibit A a letter that WWP’s Chief Executive Officer transmitted to Secretary Shulkin last week. I am additionally attaching as Exhibit B another letter from the Elizabeth Dole Foundation that WWP and many other veterans’ organizations joined in signing.

Like all Members of the Committee, and like all of the organizations testifying here today, we are deeply invested in the success of the Family Caregiver Program. We are concerned that, at a time when VA is struggling to implement the program – and when anger and frustration regarding the program are pervasive

¹ Terri Tenielian, et. al., RAND Corporation, *Hidden Heroes: America’s Military Caregivers 1 – 2* (2014), available at http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR499/RAND_RR499.pdf.





among enrollees – expansion to prior generations might stretch current resources and processes too thin, jeopardizing the integrity of the program and the services that it provides. We are concerned that such an action might set the program up for failure, which would be detrimental to caregivers of post-9/11 and pre-9/11 generations alike.

This is especially so given the lack an appropriation in S. 591 that is sufficient to cover the needs of the entire military caregiver community. We understand from our conversations with VA that costs of the current program have ballooned far past what was originally contemplated, and we suspect that cost concerns have created challenges with implementation. Were the program to be expanded to prior generations without a corresponding appropriation, this situation would be greatly exacerbated, particularly as the pre-9/11 generations enter old age. We are concerned that such an action would force VA to further constrict eligibility and services.

We want to stress that our position is not that the Family Caregiver Program should not be expanded; in fact, as noted above, we believe strongly that caregivers of prior generations are no less deserving of services than those of post-9/11 generations. Rather, our position is that we should accomplish this goal in a way that is both sustainable and does not jeopardize the existing Family Caregiver Program, on which so many rely. We look forward to working with any and all stakeholders to make this a reality.

S. 681 – Deborah Sampson Act of 2017

WWP supports the Deborah Sampson Act and its goal of improving VA’s programs and services for female veterans.² We agree that, especially given the growing number of women veterans, there is a pressing need to make VA’s programs and services more accessible. Of the many beneficial provisions included in the Deborah Sampson Act, we are particularly supportive of those relating to peer-to-peer assistance and reintegration and readjustment counseling.

In our experience, peer-to-peer support is critical to recovery for many warriors. According to WWP’s 2016 Annual Warrior Survey Results, more than half of those surveyed, or 51.7% percent, used talking with

² Although WWP supports the Deborah Sampson Act as a whole, we do not take a position on the Sense of Congress proposed in Section 504.



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another Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn veteran as a resource to address mental health issues. The only more frequently utilized resource was VA Medical Centers.³

Within the context of female veterans, peer-to-peer support is a particularly important tool to break through seclusion and isolation. As the Committee is aware, shifts in perception of military demographics are slow-moving, and many on either side of the civilian-military divide still think of members of the Armed Forces as male. Particularly when combined with injuries to mental health sustained in service, these preconceived notions can be harmful to reintegration and recovery. By connecting female veterans with one another, peer-to-peer assistance can empower female veterans to connect with each other and their communities.

In this same vein, WWP is highly supportive of permanently authorizing reintegration and readjustment counseling services for women in group retreat settings. Not only has VA's pilot program has been highly successful, WWP has seen similarly encouraging results in its own similar programming. At WWP, we have held 69 female-only single and multi-day rehabilitative retreats for over 700 female veterans with mental health challenges. 95% of participants reported that the retreats were a catalyst for receiving or continuing mental health support, and 96% were satisfied with their overall experience. We are hopeful that, through this legislation, these results can be replicated on a larger scale.

Thank you for the opportunity to offer our views on pending legislation today, and we look forward to working with you to move some of these important ideas through the legislative process.

³ Christine Borger et. al., Westat, Inc., *Wounded Warrior Project Survey Report of Findings* 61 (2016), available at <https://www.woundedwarriorproject.org/media/2641/2016-wwp-annual-warrior-survey.pdf>.

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Exhibit A



May 9, 2017

The Honorable David Shulkin
Secretary of Veterans Affairs
United States Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Re: VA Review of the Family Caregiver Program

Dear Secretary Shulkin:

I want to thank you for the work you and your team have done over the last three weeks reviewing the Family Caregiver Program (the “Program”). As you know, Wounded Warrior Project (“WWP”) led the charge for the creation of the Program in 2010 and has worked with VA and Congress to address challenges with implementation. We remain deeply committed to making the Program as effective as possible as we address the needs of those who care for the most seriously injured veterans of the post-9/11 generation.

As you continue to review the program, we ask you to take into account the following considerations. Please note that this is not an exhaustive list and that we will continue to work with you, your staff, and the greater community to identify challenges and create improvements.

- 1. Consistency and Transparency in Eligibility Determinations.** We have seen significant variations from location to location in eligibility and tier level determinations and also in the type of notification provided to caregivers and veterans. We hope to work with VA to create mechanisms for consistency and transparency. At a minimum, veterans who are revoked or who have their tier level adjusted should receive a detailed explanation of rationale in the context of 38 C.F.R. § 71. Such explanation must be sufficiently detailed to allow the veteran to use it to challenge the determination.
- 2. Enhance the Appeals Process.** One essential mechanism for consistency and fairness is a meaningful appeals process in which veterans can challenge erroneous eligibility and tier level determinations. Despite the widespread allegations of wrongful revocations that gave rise to this review, in our experience, successful appeals through the VHA system have been extremely rare. Given the nature of the Program, adjustments should be made to the clinical appeals process for review of eligibility and tier level determinations.



These adjustments include: (1) providing the same due process and appellate rights that exist in the VBA context; (2) continuing benefits until appeals are resolved; (3) allowing the veteran to present private medical opinions; (4) allowing the veteran to appear for a personal hearing to bring forth additional evidence; and (5) allowing the veteran to provide sworn testimony under the guidance of an accredited representative.

- 3. Ensure Meaningful Consultation with the Medical Care Team.** The law and regulations are clear that decisions about eligibility and tier level should be made by the veteran’s medical care team. Nonetheless, caregivers and veterans have reported that caregiver support coordinators (“CSCs”) wield strong influence over medical care teams, and that, in some cases, CSCs make decisions on their own. Safeguards must be established to ensure that the medical care team is more than a rubber stamp in the decision making process, and that medical care team involvement is transparent to the veteran and caregiver.
- 4. Require Communication with Caregivers.** Caregivers must be present and involved in assessments that give rise to change in tier level or revocation. Especially where mental health challenges are involved, caregivers can provide the insight necessary to reach correct and comprehensive conclusions. Nonetheless, we have heard many accounts of caregivers who were not allowed to participate. One account from a survey WWP conducted in 2014 is below:

My husband was interviewed by his VA physician, but I was not allowed to go in and assist him and help him remember things and help give an accurate picture of his functioning and health. His physician had only seen him a couple of times, we were told this was the reason he was going in for an interview/assessment. The assessment was supposed to provide the understanding of my warrior's needs. Since I was not there, and my warrior does not recall the entire interview, I do not know if the doctor really got a good understanding of the situation.

Although this account is dated, we continue to hear similar stories of this nature, especially in certain localities.

- 5. Review Revocations and Tier Reductions.** We know you are aware of the many veterans and caregivers who have reported erroneous determinations, and that is why you are conducting this review. Given these reports, in the interest of fairness, we ask for review of all revocations and tier reductions that have taken place since program inception. We understand that this would place a significant workload on program staff and therefore propose a triaged approach in which cases where tier 3 veterans were completely revoked



are addressed first. An adjustment this dramatic should be extremely rare and suggests irregularities.

6. **Improve Transition Services.** As Program stipends were not intended to be a permanent benefit in all situations, there will certainly be cases where veterans are no longer eligible for the Program due to changed circumstances. Where this occurs, VA should provide transition services and education regarding health care options, employment possibilities, and vocational training. CSCs should be provided with a comprehensive list of transition services available in their community through VA, state veterans agencies, and the private and nonprofit sectors.

7. **Extend the Moratorium on Revocations until the Review is Complete.** We understand the moratorium expired yesterday but that your review will continue for several months. As problems with the program have already been acknowledged, we should not allow caregivers to be removed from the program until those problems are fixed.

Caregivers provide a vital service, often giving up careers and opportunities in order to care for our nation's heroes, and we owe it to them to provide the support they need. We look forward to continuing to work with you, your staff, and the greater community to address these issues and others that arise through the course of our conversations.

Sincerely,



Lt. Gen. Michael S. Linnington (ret.)
Chief Executive Officer
Wounded Warrior Project



Exhibit B

May 15, 2017

The Honorable David J. Shulkin
U.S. Department of Veterans Affairs
810 Vermont Ave. NW
Washington, D.C. 20571

Dear Secretary Shulkin,

We applaud your recent decision to halt the revocation process and conduct an internal review of the Program of Comprehensive Assistance for Family Caregivers. Your decision is an acknowledgement that the VA cares about the success of this program and is committed to the difficult task of improvement. Now that you have the spotlight on this program, we urge you to capitalize on this momentum to implement changes that will improve its structure and support.

As you conduct the review, we, as organizations with a direct line to caregivers, would like to offer some perspective on the issues that have challenged this program since its inception. These thoughts are informed by the experiences and stories of caregivers themselves, and can be broken down into four main themes.

Transparency

Perhaps the greatest concern we hear is the lack of clarity and transparency in communicating aspects of the program to veterans, their caregivers, and outside partners. We encourage you to:

1. Mandate that upon revocation or tier lowering for failing to meet eligibility requirements, caregivers receive their veteran's eligibility assessment "scoresheet," within one week of the decision, so that they can prepare a proper appeal should they choose to do so.
2. Ensure that caregivers have a chance to provide feedback to medical care teams and Caregiver Support Coordinators (CSC) as they make eligibility and tier level determinations. Currently, many caregivers are not included in that process.
3. Establish an internal communications plan that originates in the VA Central Office and conveys clear and consistent policies across all Veteran Integrated Service Networks (VISNs).
4. Create a newsletter or listserv that disseminates up-to-date information about the program to military service organizations (MSOs), veteran service organizations (VSOs), and other not for profit organizations active in the caregiver space.

Standardization

Hand in hand with transparency comes standardization of Caregiver Program processes. Because each VA Medical Center operates as its own entity, the execution of the program can vary from VISN to VISN. While we respect each Center's ability to self-determine its own needs, when operational authority supersedes policy implementation, it creates an inconsistent, and at times unfair, program environment for caregivers. To remedy this, we recommend the following:

1. Grant the National Director (Meg Kabat) more operational authority to ensure that national policy is executed properly on a regional level. Limit the VISN's authority to change or adapt Caregiver Program policy in the course of their day-to-day operations.
2. Finalize and disseminate a policy directive that establishes a standard appeals process and clarifies eligibility requirements.

3. Update and improve the notices that caregivers receive upon being removed or lowered a tier within the program. Ensure that caregivers who are not removed for cause continue to receive their stipend for 90 days after removal to allow for adjustment and minimize financial burden.
4. Create an organizational document or flow chart (similar to the Integrated Disability Evaluation System (IDES) timeline) detailing the structure of the VA Caregiver Program, the appeals process, and points where the veteran and caregiver must make decisions.
5. Update the VA Caregiver Program website regularly to reflect the most accurate information, including the final “Roles and Responsibilities” document.
6. Keep the moratorium on program removal in place until the identified issues have been addressed.

Education

Many of the obstacles to the success of the VA Caregiver Program can be overcome through education of caregivers, service providers, and the public. Right now, many caregivers do not understand the scope and nature of the program, and we, as organizations, do not always feel empowered to give them accurate information. There are several ways to address this:

1. Begin communicating with caregivers and veterans before they enter the VA system (i.e. through TAP, the IDES process, within Warrior Transition Units, etc.).
2. Create a guide for caregivers and family members that communicates all of their options for support within the VA system (not just the Caregiver Program).
3. Implement grand rounds training with key service providers and medical facility staff to educate them on the importance of the caregiver in the recovery of the veteran.
4. Communicate updates and changes within the Caregiver Program to caregivers, not for profit organizations, and other partners to ensure that we are communicating the most accurate information to our constituents.

Validation

Caregivers are invaluable in the recovery and support of our nation’s veterans. And yet many times they are still not regarded as integral members of the veterans’ care team. As part of its commitment to becoming the best customer service organization in government, the VA must fully embrace the caregiver and family members as partners in the path towards rehabilitation and recovery.

1. Currently, the revocation and tier lowering processes feel like a penalty for the caregiver, who may not be financially or emotionally prepared to leave the program. Upon improvement of the veteran, the VA should begin to regularly check in with the caregiver to prepare him or her for the possibility of revocation or tier lowering. Such an initiative could include referrals to employment programs, messages of encouragement, and information regarding other programs offered by the VA.
2. Caregivers largely neglect self-care in favor of their caregiving responsibilities. Instituting “wellness checks” for caregivers in tandem with their veteran’s medical appointments would ensure that the caregiver is taking proper care of his/her mental and physical health, thus preventing caregiver burnout and illness.

We hope these recommendations will be useful to you as you conduct your review in the weeks and months ahead. Please call upon us to assist you as you undertake this tremendous task; the burden of ensuring support for these caregivers does not – and should not – fall to the VA alone. As military community organizations dedicated to championing caregivers, we are committed to working with you to support, educate, and inform caregivers nationwide.

Sincerely,

The Elizabeth Dole Foundation

AARP

America's Warrior Partnership

American Legion

American Legion Auxiliary

ARCH National Respite Network and Resource Center

Blue Star Families

Caregiver Action Network

Code of Support Foundation

Dog Tag Inc.

Easterseals

Give an Hour

Hope For The Warriors

Iraq and Afghanistan Veterans of America (IAVA)

Military Child Education Coalition

Military Officers Association Of America (MOAA)

National Military Family Association

Paralyzed Veterans of America

PsychArmor Institute

Quality of Life Foundation

Rosalynn Carter Institute for Caregiving

Square Deal for Vets

Wounded Warrior Project

Yellow Ribbon Fund