

June 15, 2007

The Honorable Pete V. Domenici  
United States Senate  
328 Hart Senate Office Building  
Washington, DC 20510

The Honorable Barack Obama  
United States Senate  
713 Hart Senate Office Building  
Washington, DC 20510

Dear Senators Domenici and Obama:

As an organization committed to ensuring that the nation meets its obligations to America's veterans, particularly to those who have become disabled in service to their nation, the Disabled American Veterans (DAV) appreciates your introduction of S. 38, the Veteran's Mental Health Outreach and Access Act, a proposal to increase access to readjustment and mental health services for veterans who served in Iraq and Afghanistan, particularly those who do not have reasonable access to a Department of Veterans Affairs (VA) health care facility.

This legislation recognizes the need to engage returning veterans through outreach and assistance in readjusting from service in a combat theater and recovering from mental health problems that may be attributed to their experiences in that service. In addition, for a three year period immediately following combat deployment to Iraq and Afghanistan, your bill would authorize members of the immediate family of such a veteran to receive VA services such as orientation and education, support, counseling and mental health services to assist them in the readjustment of the veteran, especially in the case of a veteran who sustained injury or illness during military deployment.

With a growing number of veterans returning from combat operations in Iraqi and Afghanistan, S. 38 recognizes key challenges that both VA and the Congress are addressing, including barriers to care such as geographic inaccessibility, stigma and the impact of service on the mental health of the veteran and his or her family. We applaud the implicit recognition in this bill that it would not be tenable for VA simply to establish a funding mechanism for providing contract services that are unconnected to quality standards, to needed continuity of VA care, to outcome or cost. This bill supports the use of principles for coordinated contract care, and only when services are unavailable in VA—a firm position that DAV holds. At the same time, the legislation addresses the needs of a veteran's immediate family as it relates to his or her recovery and builds on the successful, tested concept of having peers with similar personal military experiences from which they have recovered, to provide outreach and support, an approach that will not only heighten the likelihood of engaging veterans in readjustment and

treatment, but may provide important vocational rehabilitation options for some veterans themselves. DAV is developing proposals that we hope will bring similar benefits to family members of the most severely wounded veterans of our ongoing wars in Iraq and Afghanistan and other veterans from previous wars.

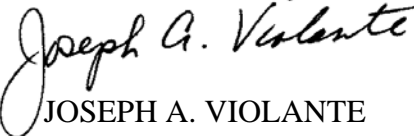
DAV believes that VA contract care is an essential tool in providing timely access to quality medical care, but that VA should use this authority judiciously. Current law limits the use of VA purchased care to specific instances so as not to endanger VA facilities' ability to maintain a full range of specialized inpatient services for enrolled veterans and to promote effective, high quality care for veterans, especially those disabled in military service and those with highly sophisticated health problems such as blindness, amputations, spinal cord injury or chronic mental health problems.

Unfortunately, in most cases where VA authorizes care to veterans by community providers, it has not established a systematic approach to monitor this care, consider its relative costs, analyze patient care outcomes, or even establish patient satisfaction measures. In order to gain DAV's endorsement of your bill without reservation, we suggest that this measure be amended to include more clearly defined provisions on contract care coordination as outlined in the Medical Care section of the fiscal year 2008 *Independent Budget*, a copy of which is enclosed, to address the lack of a systematic process in VA for all of its contract care services.

Any bill that would authorize contracting for care outside VA without addressing these concerns would essentially shift medical resources and veterans from VA to the private sector to the detriment of the VA health care system and eventually sick and disabled veterans themselves. We could not fully endorse a bill without such protections.

DAV looks forward to working with you to improve this bill so that it can gain our full support, and we appreciate your efforts on behalf of the newest generation of combat veterans, as well as those who were injured in service to our nation in prior conflicts.

Sincerely,

  
JOSEPH A. VIOLANTE  
National Legislative Director

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Attachment