

Field Hearing on Mental Health Treatment Issues for Veterans

Written Testimony to the  
Senate Special Committee on Aging  
Senator Herb Kohl, Chairman  
Senator Gordon Smith, Ranking Member

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Good Afternoon, Senators. Thank you for this opportunity to discuss the mental health treatment needs of our Veterans, and thank you for your interest in this issue.

I have been the Lane County Veteran Services Officer since June, 2003. As you know, the mission of County Veteran Services Officers – and all Service Officers – is to help insure that a VA claimant obtains the maximum benefit to which they are entitled under the law. Having helped thousands of Veterans file claims and being familiar with VA rules, regulations and procedures, we guide the Veteran or surviving spouse through the process and help them obtain and present their evidence to the VA.

When I first started with the Veteran Services Office, our clients were mostly Vietnam Era Veterans, and World War II and Korean War Veterans. The Veterans from those eras still make up the majority of our clients, but they obviously have been joined by Veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) in seeking our services to obtain VA benefits and access to VA health care.

## **Background – Veteran Demographics**

### **Oregon Veterans**

According to the VA demographic estimates and projections contained in Vet Pop 2004 v. 01 (available at: <http://www1.va.gov/vetdate/page.cfm?pg=2> (last accessed 6/20/2007)). As of September 30, 2006 there were 357,319 Veterans in Oregon. Of these, nearly 75% are considered Wartime Era Veterans. By 2017, the total number of Veteran in Oregon is projected to be just under 300,000.

It is not surprising to note that while the overall number of Oregon Veterans decreases over the next ten years, the number of our oldest Veterans increases. Below are the age breakdowns for Lane County Veterans:

Age	2006	2017
17 – 44	6,443	5,348
45 – 64	15,225	9,183
65 – 84	12,100	14,286
85+	1,891	2,185
Total Lane County Veterans	35,659	31,002

### **“Non-Traditional Veterans”**

The VA continues to work on its demographic estimation and projection formula and appears to more accurately capture the number of service members who now qualify as Veterans based on their Title 10 call-ups from the National Guard and Reserves. Of Oregon’s nearly 8,000 National Guard personnel, over 6,650 have been called up and deployed to either Iraq or Afghanistan since September 11, 2001. Many of these individuals either resided in Lane County

prior to their mobilizations or have since moved here to attend school. These “non-traditional” Veterans make up the majority of the OIF/OEF Veterans whom Lane County Veteran Services assists.

## **VHA in Lane County**

### **Care for Veterans**

Lane County Veterans access Veterans Health Administration (VHA) through the Roseburg VA Health Care System (RVAHCS). Although the VA Medical Center is based in Roseburg, 53% of the patients in the RVAHCS reside in Lane County. Typically, Lane County Veterans will have their primary care provider at the Eugene CBOC, and this clinic serves around 9,000 unique patients per year. The Eugene Clinic provides outpatient medical care and mental health counseling. Currently, appointments for new enrollees are being made within the required 30-day period.

Recent data indicates that 750 OEF/OIF Veterans are enrolled in RVAHCS. The majority of these Veterans most likely reside in Lane County – again based on pre-mobilization homes of record and post-mobilization educational opportunities. Currently, RVAHCS is hiring new staff which was made possible by the additional funds Congress authorized to address the specific mental health and medical needs of OEF/OIF Veterans. These positions will include a suicide prevention specialist and an outreach coordinator dedicated to insuring that OEF/OIF Veterans are getting the care they need – abilities which will even include facilitating transportation for the Veteran to attend VHA appointments.

OEF/OIF Veterans typically begin their enrollment within VHA pursuant to their automatic eligibility within the first two years of their separation from military service. This is an excellent and much needed benefit – especially for National Guard and Reservists. Often times, their deployment to Iraq or Afghanistan will negatively affect their employment and they may demobilize to unemployment and lack of health insurance. Automatic eligibility for VHA care allows them to create a baseline health record to possibly support later claims for service-connected benefits, gives them time to transition back to work and thus obtain traditional private health care coverage, and gives them time to establish eligibility for VHA through other criteria (e.g., successful adjudication of a claim for service-connection by VA). Furthermore, VHA has greater expertise than the private sector in treating combat-related PTSD and other conditions associated with military service. Finally, treatment of OEF/OIF veterans within a single health care system will allow us to determine if there are trends concerning the health issues of these Veterans and more appropriately treat and care for those specific issues.

However, limiting these combat theater Veterans to two years of automatic eligibility is often inadequate. If the Veteran does not avail him or herself of this benefit soon after separation, it may not be there when they need it. Oregon has done an amazing job ensuring that National Guard members enroll in VHA upon their demobilization – we are fortunate to have a number of VHA employees who have strong ties, or have retired from, the Oregon National Guard. I imagine this is not the case for other state’s National Guards, and many service members separating from traditional active duty service are unaware of this two year period

when I first meet with them. Accordingly, I would like to bring your attention to H.R. 612 which recently passed the House and was received by the Senate. This legislation is identical to S. 383 and would increase the period of automatic eligibility for combat theater Veterans from two to five years.

Additional mental health counseling is available for Veterans who served in a combat theater at the Eugene Vet Center. Since 2002, this facility has seen 776 clients, of whom 139 were GWOT Veterans. Furthermore, the Vet Centers have hired specialists dedicated to outreach to GWOT (Global War on Terrorism) Veterans. The Eugene Vet Center GWOT Outreach Coordinator had one of the highest number of contacts with GWOT Veterans in 2005. This is a testament to not only this individuals exemplary efforts, but also to the number of Veterans in Oregon who have served in OEF/OIF – many of whom were left jobs, businesses and families under Title 10 mobilization orders.

### **Care for Family Members of Veterans**

Obviously, VHA's primary mission is to care for Veterans. However, there is some limited possibility for the family members of Veterans to receive care – typically in the mental health realm. The Vet Centers may see family members of deployed soldiers for assessments and short term care. Additionally, these family members are eligible for bereavement counseling at Vet Centers if necessary.

Otherwise, in order for family members to obtain counseling services, the Veteran must also be engaged in treatment. The Vet Center, as well as the Eugene CBOC, offers some couples counseling, but many of the VA counselors take on this treatment in their own time – coming in on weekends or staying late to see these folks. The Eugene Vet Center has a group session for Spouses of Veterans with PTSD. This group is dedicated to the spouses, but the Veteran must be engaged in treatment somewhere, as well. Finally, some VA facilities have dedicated family therapists on staff, but there are none within the RVAHCS.

### **Community Response**

In October, 2003, the 2/162<sup>nd</sup> Infantry Battalion of the Oregon National Guard, based in Cottage Grove and Eugene was mobilized to Iraq. With this call-up, nearly 700 families, many of whom had ties to Lane County, were affected. This was a crystallizing event for service providers in Lane County.

Prior to this call-up, a small group of Veteran service providers would attend a monthly meeting of the Lane County Vet Net. This group would typically include 5 to 10 individuals who worked for VA, the County Veteran Service Officer or were Congressional staffers. Once our local infantry Guard unit was activated, this group reached out to community service providers as we realized that we would need help to address the needs of the family members of these soldiers and also help in reintegrating the soldiers upon their return. Once the word got out, this group swelled to the nearly 30 who continue to meet regularly.

In the Spring, 2004, we held a Vet Net Summit in which Veteran and community service providers came together and shared information about their programs and their services. From this, and the involvement of Lane County Mental Health and LaneCare, grew a combat PTSD/post-deployment adjustment training program for community mental health counselors. Organized by LaneCare, a group of their contract therapists was trained by VA mental health providers and agreed to be available on short notice to either Veterans or the family members who were seeking mental health care. These providers agreed to treat such referral on sliding fee scales or to accept Tricare Health Insurance. LaneCare worked closely with the 2/162<sup>nd</sup>'s Family Support Team in order to get the word out to the families and soldiers about these services.

In addition to the direct services made available by community providers, other community members were interested in learning more about the post-deployment adjustment issues which these Veterans may face. Specifically, both the University of Oregon and Lane community College invited Veteran service providers onto campus to discuss some of the issues their students may have upon their return from combat. Furthermore, both the UO and LCC now have Veteran organizations on campus.

Additionally, the Eugene Vet Center Team Leader, Gary Hunter, reached out to local law enforcement. He briefed teams from both Eugene and Springfield Police on the nature of the service of those who served in Iraq with the 2/162<sup>nd</sup> and on some of the issues they were having upon their return. This was instigated by a couple of encounters with law enforcement soon after their return – none of which escalated very high but in which there was great potential for tragedy. This program to train law enforcement on post-deployment adjustment issues and combat PTSD is now being rolled out to the State Police Academy in Monmouth, Oregon so all law enforcement personnel who receive training there will be made aware of these issues.

Although not directly related to the mobilization of the 2/162<sup>nd</sup>, another community resource came on board during this period. St. Vincent de Paul applied for, and was awarded, a VA grant to create a program to provide housing and case management services for homeless, dual diagnosed Veterans. As part of their efforts they coordinate with VA medical and mental health care providers and co-case manage with the Veterans VA caseworker. St. Vincent de Paul purchased and renovated an apartment building in Eugene and provides housing for 13 Veterans – some of whom have families. St. Vincent de Paul continues to seek funding to expand the program and has qualified for 12 grant-per-diem beds by the VA and is also in the process of renovating another eight apartments.

## **Concerns and Conclusions**

Over the past couple of years, Congress and the American public have become aware of some of the deficiencies in the VA system. Finding anything less than the best for our Veterans unacceptable, Congress authorized additional expenditures so that VA can fill gaps in its ability to care for our most recent Veterans. While this is greatly appreciated, many have concerns that these gaps will still exist for the rest of our Veterans. As the VA benefit adjudicators prioritize the claims of OEF/OIF Veterans, those claims from other Veterans continue to languish. As special outreach workers are hired to insure that health care services are adequately and timely provided to some Veterans, others still face lengthy delays and difficulty in traveling the great

distances sometimes necessary to access VHA care. This is especially true in the more rural areas of Oregon and true for our older Veterans who often have the least means. As Ronald Reagan observed, "A rising tide lifts all boats." Only through adequate funding for VA in general can we insure that all Veterans obtain the care and benefits which they earned through their sacrifices for our Nation.

Thank you very much for your consideration and for allowing me this opportunity to share with you the experiences we have had in Lane County and for listening to some of my concerns.