

# Statement of



*Submitted by*

Dr. Tom Hall, PhD,  
Chair VVA PTSD Committee

*Before the*

House Committee on Veterans' Affairs  
Subcommittee on Health

*Regarding*

Close to Home: Supporting Vet Centers in Meeting the  
Needs of Veterans and Military Personnel

February 3, 2022

Chairwoman Brownley, Ranking Member Bergman, and other Representatives of this distinguished subcommittee, on behalf of the VVA National President, Jack McManus, and the membership of Vietnam Veterans of America, I thank you for affording VVA the opportunity to present our testimony before you today regarding our views on VA Vet Centers. Vietnam Veterans of America greatly appreciates the efforts of this subcommittee to improve the lives of veterans, our families, and our survivors.

The Vet Center program was established in 1979 as part of the *Vietnam Veterans Readjustment Counseling Act*. The Centers were set up in communities—not at Veterans Administration facilities, where Vietnam veterans often had had negative experiences when seeking help for mental-health issues—to provide peer counseling for those experiencing difficulties with readjustment.

In the past, Vet Centers could refer veterans to VA behavioral health services for purposes of diagnosis, which allowed the veteran the ability to apply for benefits, but then mental health care was transferred back to the Vet Center to allow a veteran who was averse to treatment at the VA to continue to receive services in a more comfortable, trustworthy setting. VVA was disappointed to see this service discontinued and would like to see the return of this cross coordination of care between the VA and Vet Centers to ensure veterans receive care, and they are also able to access needed support from their compensation benefits.

VVA is grateful for the work of Vet Centers in supporting survivors of Military Sexual Trauma (MST) of all branches of services. One concern we have and will continue to advocate for is that Vet Centers as well as VA behavioral health and specialty clinics, such as those addressing PTSD specifically, should reestablish continuing-care groups to help veterans maintain gains made in evidenced-based treatments offered by the VA, as well as for those veterans who do not respond to traditional approaches.

VVA applauds and looks forward to hearing how the expansion projects of multiple Vet Centers in Sierra Vista, AZ; Solana County, CA; Saipan, CNMI; and Leesburg, VA are progressing.

VA Vet Centers can have an important role in educating veterans discharged with less-than-honorable conditions, such as in the case of those with undiagnosed PTSD as well as MST survivors, toward a path to address restoration of benefits, through the sharing of information on VBA's Character of Discharge Review program.

Some veterans have reported VA is piloting trauma-informed couples counseling to ease the transition from military to civilian life and help couples learn how to live with someone trying to figure out how to manage the symptoms of PTSD. VVA whole-heartedly supports this pilot and hopes to see this expanded to all Vet Centers. VVA applauds this effort to ensure a comprehensive continuum of care and support of the kind of family values we all fought for.

There remains some ambiguity around the requirements of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and the ability of those programs and counselors without this credential not being utilized to their full capacity, as they were prior to the enforcement of the CACREP requirement. Given that many employees were certified long before CACREP existed for their graduate school training, and many schools still do not offer CACREP certification, our pressing concern is this enforcement limits the number of veterans able to receive services at Vet Centers. Additionally, for these counselors, most of whom are veterans who have been providing services for years, how is it that none were grandfathered in or advised of this requirement when accessing their educational benefits?

While not solely a program at Vet Centers, I am glad to hear about the Rural Suicide prevention currently being piloted by the VA. I hope to see this pilot made available to all rural veterans through their Vet Centers as well as the VA.

There is inconsistency in the governance of which Vet Center facilities are open and which are suspended. After two years, COVID can no longer be an excuse. For example, veterans in Alaska report activities at Vet Centers, while not officially closed, have been suspended, leaving veterans who relied on these services out in the cold, both literally and figuratively. Whereas in Kansas City, Missouri, the Vet Center's doors are wide open. VVA strongly recommends VA conduct a nationwide assessment of which facilities are open and which are suspended, clarify national policies, and better communicate these policies with their Vet Centers.

Regarding the need for expansion, veterans have reported Vet Center counselors may not commute over 50 miles to provide needed services at Vet Centers. VVA supports continued expansion efforts of Vet Centers.

VVA has provided recommendations to improve the *Vet Center Improvement Act of 2021*, in H.R. 3575, introduced by Representative Cicilline, (D-RI-1). The bill directs GAO to conduct an audit of readjustment counselors' feedback of Vet Centers for only a five-year period. This time-delimited period is problematic as, after this five-year period, there would no longer be the oversight of GAO or any other objective oversight entity ensuring quality of care and counselor well-being are not compromised due to excessive or improper productivity standards. We believe ongoing, third-party supervision, outside of the VA, would ensure these problems would not reoccur.

Secondly, we voiced our suggestions regarding the development and approval of the survey instrument used to gather the anonymous counselor feedback. We believe the collection of the data through the survey **must be done** in such a manner to ensure relevant and accurate information is collected, archived, and stored, and that this information pertains to the impact of productivity expectations on client care and counselor welfare. The GAO report discovered this to be a major concern in its investigation, as reported in *VA Vet Centers: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing*, (<https://www.gao.gov/products/GAO-20-652>), finding that the All-employee Survey used

did not address aspects of the effect of productivity metrics on quality care or counselor recruitment, retention, and welfare.

Consequently, to safeguard the purpose of evaluating productivity expectations and their impact on client care and counselor well-being, we recommend that the language clearly instruct the VA to create an instrument for the electronic database that contains open- and close-ended questions that genuinely pertain to production standards and their effects on quality care and counselor welfare, and that the design of this evaluation tool be done in conjunction with the GAO, or with a third party outside of the VA partnered with an internal VA working group which would be established by the VA.

Clear and specific legislative language is imperative if we are to ensure our veterans receive the best quality care possible while looking after the welfare of the counselors who care for them. They deserve no less.

VVA thanks the Subcommittee for this opportunity to present our views on how to support Vet Centers in meeting the needs of veterans and military personnel.

**VIETNAM VETERANS OF AMERICA**

**Funding Statement**

**February 3, 2022**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

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**Dr. Thomas Hall, PhD.**



Dr. Tom Hall served as a Military Police Sentry Dog Handler with the 18th Military Police Brigade in Vietnam during 1969 and 1970. Following his military service and education, he has held clinical, faculty, and administrative appointments.

These ranged from teaching/counseling in Secondary Education, serving as clinical professional and administrator at several treatment facilities, performing duties of the Executive Director of the Jackson County Community Backed Anti-Drug Tax Commission (a.k.a. COMBAT Commission), and, most recently, administering the Addiction Counselor training program at Kansas City Kansas Community College.

For the past 15 years, he has served as National Chair of PTSD/Substance Abuse Committee for Vietnam Veterans of America, whose primary mission is to improve access to behavioral health services for America's veterans and their families. Currently Dr. Hall presents workshops across the country on PTSD, Suicide Prevention, and Secondary Traumatic Stress and is currently Graduate Adjunct Faculty at St. Mary's Graduate School of Psychology.

Dr. Hall continues to be active in the community on the boards of several non-profits serving the underserved of the community. Dr. Hall has been a veterans' advocate for over 40 years. The best of all were the 41 years he got to spend with his wife Mary who passed away in 2018. He currently spends with his son, his spouse, and two grandchildren.