

ADAPTIVE HOUSING GRANTS

HEARING
BEFORE THE
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
OF THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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ADAPTIVE HOUSING GRANTS

THURSDAY, NOVEMBER 19, 2009

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,
Washington, DC.

The Subcommittee met, pursuant to notice, at 2:18 p.m., in Room 334, Cannon House Office Building, Hon. Stephanie Herseth Sandlin [Chairwoman of the Subcommittee] presiding.

Present: Representatives Herseth Sandlin, Adler, Boozman, Bilirakis.

OPENING STATEMENT OF CHAIRWOMAN HERSETH SANDLIN

Ms. HERSETH SANDLIN. Good afternoon, ladies and gentlemen. The Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, hearing on Adaptive Housing Grants will come to order.

Before I begin with my opening statement, I would like to call attention to the fact that Mr. Noel Koch, Deputy Under Secretary of Defense, Wounded Warrior Care and Transition Policy, U.S. Department of Defense has asked to submit a written statement for the hearing record.

If there is no objection, I ask for unanimous consent that his statement be entered for the record. Hearing no objection, so entered.

[The prepared statement of Mr. Koch appears on p. 37.]

Ms. HERSETH SANDLIN. According to the Defense Manpower Data Center at the Department of Defense, approximately 35,000 servicemembers have been wounded in Iraq and Afghanistan. Today we will receive timely testimony that foreshadows the increased need for adaptive housing grants.

In caring for our injured men and women in uniform, we must continue to address their needs so that they may live as independently as possible after their honorable military service.

Some of our panelists might recall a hearing that we held on specially adaptive housing early in the 110th Congress in which we received testimony on ways to improve existing VA adaptive housing programs.

Following this hearing, the Subcommittee worked with stakeholders to provide specially adaptive housing assistance to disabled servicemembers residing temporarily in housing owned by a family member, to require the U.S. Department of Veterans Affairs (VA) to update its pamphlet on the construction and design of specially

adapted housing, and to increase the amount of assistance available to disabled veterans for specially adaptive housing grants.

While these legislative accomplishments are significant, today's hearing will provide the Subcommittee Members the opportunity to determine if the existing adaptive housing grants provide the needed benefits for our most injured servicemembers and veterans.

I look forward to working with the Ranking Member, other Members of our Subcommittee, and veterans' advocates to ensure that our most critically wounded servicemembers are provided adequate benefits to modify their homes, to achieve independence and comfort when they return home.

[The prepared statement of Chairwoman Herseth Sandlin appears on p. 24.]

I would now like to recognize Mr. Bilirakis for any opening remarks that he may have.

OPENING STATEMENT OF HON. GUS M. BILIRAKIS

Mr. BILIRAKIS. Thank you, Madam Chair. I appreciate it very much.

No citizen of this country deserves our help more than our wounded warriors. I am very gratified to attend this hearing.

Madam Chair, thank you very much for holding this hearing.

Despite some of the things that our government does wrong, on this issue of whether we will care for our wounded warriors, our heroes, this hearing is a signal that we are getting it right. We are getting our priorities straight in my opinion.

I have been to the Haley Hospital just outside of my district. Haley has a polytrauma unit where we have some of the most severely wounded warriors from the wars of Iraq and Afghanistan. These wounded warriors have an amazing dedication and their tenacity is truly something to behold.

The question is whether this House will have the same dedication to them. We can start by ensuring a living environment that affords our veterans a level of independent living. We can provide some relief by enabling these veterans to enjoy at least some independence inside of their homes. And I strongly support this program.

Again, I thank you for holding this hearing, Madam Chair. Thank you.

Ms. HERSETH SANDLIN. Thank you.

Mr. BILIRAKIS. I yield back the balance.

Ms. HERSETH SANDLIN. Thank you very much, Mr. Bilirakis.

I would now like to welcome our panelists testifying before the Subcommittee today. Joining us on our first panel is Mr. John Wilson, Assistant National Legislative Director for the Disabled American Veterans (DAV); Mr. Richard Daley, Associate Legislation Director for the Paralyzed Veterans of America (PVA); Dr. Thomas Zampieri, Director of Government Relations for the Blinded Veterans Association (BVA); and Mr. John Gonsalves, President and Founder for Homes For Our Troops.

Gentlemen, thank you for joining us today. In the interest of time and courtesy to all of the panelists here, we ask that you limit your testimony to 5 minutes on your comments and your rec-

ommendations. As you know, your entire written statement has been entered into the Committee record.

So, Mr. Wilson, we will begin with you. You are recognized for 5 minutes.

STATEMENTS OF JOHN L. WILSON, ASSOCIATE NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS; RICHARD DALEY, ASSOCIATE LEGISLATION DIRECTOR, PARALYZED VETERANS OF AMERICA; THOMAS ZAMPIERI, PH.D., DIRECTOR OF GOVERNMENT RELATIONS, BLINDED VETERANS ASSOCIATION; AND JOHN S. GONSALVES, PRESIDENT AND FOUNDER, HOMES FOR OUR TROOPS

STATEMENT OF JOHN L. WILSON

Mr. WILSON. Thank you, ma'am.

Madam Chairwoman and Members of the Subcommittee, I am glad to be here this afternoon on behalf of the Disabled American Veterans to present our views on the VA adaptive housing programs, the Special Housing Adaptation Grant Program and the Temporary Residence Assistance Grant Program.

With the enactment of Public Law 109-233, the Veterans Housing Opportunity and Benefits Improvement Act of 2006, Congress enhanced the benefits available to veterans and the now approximate 34,000 servicemembers wounded since May 2009 as part of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

As a result, the Temporary Residence Assistance or TRA Grant was established which allows eligible individuals living in a temporary status to adapt that temporary housing provided it is owned by a family member. The Specially Adapted Housing or SAH Grant Program has a ceiling of \$60,000 for modifications to a home.

As too many veterans have come to know, injuries that result in loss of use or loss of extremities as well as loss of sight, severe burns, and other conditions require programs such as these to provide the necessary assistance to this deserving population. The question comes down to the effectiveness of these programs.

TRA eligibles can use up to \$14,000 from SAH and \$2,000 from Special Housing Adaptation or SHA grants. To do so would, however, reduce the amount available under the other Adaptive Housing Grant programs.

Some would argue that utilization is a good measure of program effectiveness. I agree. The U.S. Government Accountability Office (GAO) study of June 15th, 2009, titled "Veterans Affairs Implementation of Temporary Residence Adaptation Grants," found only nine TRA grants had been processed by the VA with approval for adaptations ranging from approximately \$3,500 to \$14,000.

Of the three reasons cited by GAO as to why the grants have been so limited in their utilization, the fact that using TRA reduces availability of funds from other adaptive housing programs seems to be the most significant to my mind.

What is to become of this important program, which is scheduled to expire December 31st of 2011? It seems logical that severely injured veterans and servicemembers who often need daily care during an extended convalescence would benefit from a program that

allowed them to adapt their temporary surroundings using the TRA Grant Program. DAV calls on Congress not to allow this program to come to an end but rather modify TRA.

First, Congress should delink TRA from SHA and SAH grants so that using one program does not reduce the funds available on the others.

Second, increase the TRA allowance from \$14,000 to \$28,000 for those veterans eligible under SAH grants.

Third, for those veterans eligible under SHA grants, Congress should increase the allowance from \$2,000 to \$5,000.

Modifications such as these will substantially improve TRA and should result in a greater utilization of this important program.

That concludes my statement, Madam Chairwoman. It is a pleasure to appear before this Subcommittee and I am glad to answer any questions.

[The prepared statement of Mr. Wilson appears on p. 25.]

Ms. HERSETH SANDLIN. Thank you very much, Mr. Wilson.

Mr. Daley, welcome back. You are recognized for 5 minutes.

STATEMENT OF RICHARD DALEY

Mr. DALEY. Chairwoman Herseth Sandlin, Ranking Member Bilirakis, and other Members of the Subcommittee, Paralyzed Veterans of America appreciates the opportunity to express our ideas on the issue of specially adaptive housing.

Since PVA's beginning, the organization has advocated for the idea that the disabled veteran should have the same use of their home as the nondisabled veteran.

In 1947, PVA lobbied Congress for new legislation that would provide Federal grants to make homes accessible. They argued that the paralyzed veterans were forced to remain in the hospital because their former homes would not accommodate a wheelchair.

In 1948, the U.S. Senate passed Public Law 702. Under this law, the Veterans Administration, now the VA, approved \$47 million for the construction of wheelchair accessible homes. Through the years, the grant has been adjusted in an attempt to keep pace with the rising cost of home construction.

Since it is difficult to find an existing home that can be made totally accessible, some veterans choose to design a new house and incorporate accessibilities into their plans, but financial considerations or possibly the need to be near a family member may preclude the design of a new home and building a new home. In those situations, the most monumental task of making an existing home accessible must be considered.

The Specially Adapted Housing Grant which has a value of \$63,780 this year will help cover some of the cost of making it accessible.

The 109th Congress made significant adjustments to the grant when they passed Public Law 109-461. This legislation was intended to resolve an important problem with the grant for disabled veterans. The grant can now be used for a home that is not owned by the veteran, but owned by a family member. This allows the veteran to live with family members while participating in the VA rehabilitation or other necessary programs.

In the future, the veteran's condition may allow them to move to their own home with the second use the grant. Many paralyzed veterans that I have met have moved in with a family member while establishing their new life from the perspective of a wheelchair.

Unfortunately, when they use the Temporary Residence Adaptation Grant to accommodate their new condition, this reduces some of the options they may have when moving to their new home. This program should be a separate grant program and should not be subtracted from the Special Adapted Housing Grant.

I would like to bring to your attention another issue relating to housing. That is the maximum amount of mortgage life insurance known as the Veterans Mortgage Life Insurance, VMLI, available for veterans that qualify to use the Specially Adapted Housing Grant.

Regardless of how much is still owed on the home when the veteran dies, the maximum amount paid is \$90,000 on this policy and the veteran has paid for this policy for many months, many years.

The 100 percent disabled veteran, because of their physical condition, cannot purchase life insurance on the open market such as I can or other people can. The VA provides this option for the veteran to purchase the Veterans Mortgage Life Insurance, the VMLI.

I spoke with a PVA member just today who lives in the Atlanta, Georgia, area and he is a bit concerned about this. He was saying that he is a 100-percent service-connected, 64-years old, and not in the best of health. His wife, because she has raised two kids and moved around constantly with his 25-year military career, has never established a career of her own.

So to date, he has \$150,000 left on his mortgage which the insurance which he has paid for for years will cover \$90,000. If the husband dies in the next 4, 8 years before the amount owed goes below \$90,000, she will have to be forced to sell the house, if she can sell it, or it will be foreclosed on her because it is harder to sell an accessible house sometimes.

So the Senate Committee on Veterans' Affairs has addressed this issue in legislation introduced by Chairman Akaka this year, S. 728. This would raise the amount of the Veterans Mortgage Life Insurance to \$150,000 and \$200,000 in 2012. This was passed by the Senate and returned to the House along with H.R. 1037 for further action. PVA would appreciate this Subcommittee's support for this legislation to ensure its passage soon.

That concludes my testimony. I will be available for questions.

[The prepared statement of Mr. Daley appears on p. 27.]

Ms. HERSETH SANDLIN. Thank you, Mr. Daley.

Dr. Zampieri, you are recognized for 5 minutes.

STATEMENT OF THOMAS ZAMPIERI, PH.D.

Mr. ZAMPIERI. On behalf of the Blinded Veterans Association, thank you very much for inviting us to testify today on this issue. And I also want to thank this Subcommittee for a lot of the legislation that you have done in the last few years in regards to trying to improve the Adaptive Housing Program.

As you mentioned, the numbers the Defense Department has published in regards to the total numbers of wounded from OIF is well over 35,850 now and OEF is 4,982 and climbing.

And the *Washington Post* recently had an article and the *Army Times* that in Afghanistan, there have been over 1,000 wounded in just a 3-month period.

Of interest to me, it may miss some folks, I found in there buried in the article, there were over 17 new spinal cord injured in a 3-month period in Afghanistan and this has caused some concern because of the fact that the total numbers of spinal cord injured has been over the long course of the war been much lower than that. In that short time period, this was a high number. And so it continues.

Our interest in these programs is that, you know, I had an OIF blinded servicemember that sent me an e-mail about the Special Housing Grant Program, which I included in my testimony because it sort of explains some of the frustration. While he was happy that he got the \$10,000 grant in 2007, I actually had to spend \$27,000 to do the adaptive housing changes that he needed to provide room and space for his computer, the monitors, the scanners, the printers, and the magnifiers in order for him to complete his college degree.

All this was great VA adaptive technology that was provided to him as a blind veteran, but you have to have a place in order to store it and a way for that equipment to be connected. A lot of the blind veterans have unique requirements in regards to writing and electrical work and the current amounts do not cover that.

We agree with the discussion about the Temporary Residence, the TRA Grant, the concerns that family members who bring home a severely injured servicemember may have decided not to try to use that grant because of the fact that then they have to subtract it from the Specially Adapted Housing money that the person may need eventually if they move into their own home.

I wanted to point out we are always concerned about costs, but in my testimony, hopefully this will cause some careful consideration here, the cost for a nursing home now is \$212 a day or \$77,380 a year. For a semi-private room, it is \$69,715 a year and for an assisted living center, it is an even \$36,000.

BVA would point out that those are recurring costs. You know, if you do adaptive housing and you spend whatever it is to allow an individual to live in their home for the next 40 years, that is a one-time grant whether it is \$180,000 or whatever the right amount should be.

If you put a young servicemember in a nursing home at a cost of \$78,000 a year times 10 years, start to add that up over 20 years, add that up over 30 years, it is just something that people ought to consider when they are looking at numbers and crunching and everything else.

Anyway, I appreciate the opportunity to testify today. Our recommendations in the back include that, you know, I think that TRA is a good program, it should continue, but there should be a separate amount of money for those homes, you know, for the needs of those servicemembers.

And last but not least, I have a blind servicemember in South Dakota that sometime I need to talk to you about, a side bar.

So thank you for inviting me to testify.

[The prepared statement of Dr. Zampieri appears on p. 29.]

Ms. HERSETH SANDLIN. Very good. I look forward to visiting with you about that servicemember, Dr. Zampieri.

Mr. Gonsalves, you are now recognized for 5 minutes.

STATEMENT OF JOHN S. GONSALVES

Mr. GONSALVES. Chairwoman Sandlin, thank you for having me. I am very grateful to be here for the second time. And I do want to thank all Members of the Subcommittee. I have looked at recently, I just got the new VA handbook, and when I think back to a lot of what the last discussion was about, I see a lot of changes have been made in a very positive direction. And I think that is very important.

Really two points that I think I would like to make today that really get to the crux of the problem. We want to look at specially adapted housing and its effectiveness. And any program can only be effective if it is funded correctly to really make this something that is going to make a difference in these servicemembers.

And probably the most important piece that I brought in would be Exhibit 1 in here. And it does look through the years of how much the Specially Adapted Housing Grant was and how much it was compared to the cost of a home in those years.

And one thing we look at is right now it is at its lowest percentage as far as covering the cost of a new home in the United States.

Now, in the far left column where the years are, if you look at the first 3 years listed in the column and then you look at the bottom 3, they have something very unique in common. Those are wartime years.

In 1969, 1972, and 1974, the grant as a percentage of the cost of a new home was steadily going up. It went from 43 percent in 1969 to 58 percent in 1972 to its high in 1974. The grant was \$25,000 where the average cost of a new home in the United States was \$39,000. So at that time, it covered 64 percent of the cost of a new home in the United States.

Again, the bottom three numbers are wartime numbers again. And we look at 2001 where the \$48,000 covered only 23 percent. And the next two times we have raised the grant, it went up in 2003 and again in 2008, but right now we are at our lowest point when we look at the grant as a percentage of the cost of a home.

If we went back, and I do appreciate that it is on the cost of living index now, which I think was a very important decision that was made, had we done that in 1974, the grant right now would be \$187,000. And I think those are really the types of changes we need to look at. Let us make real changes to this program and that is where we can look at this program and really find it effective.

When we are talking about homes, one of my colleagues mentioned, you know, the VA grant at \$60,000, if you owned a home, that may be okay to do some of what is needed. But my background came in construction. I have never served in the military. I have never been with a Veterans Service Organization. I come from the private sector. And I can tell you even the few veterans that have applied to our program that have owned homes, we have looked at them, they just were not designed to be made handicap accessible. So that is going to be an issue.

When we talk about soldiers, you know, a soldier like Matt Kyle who we built a house for in Colorado, he was shot in the neck by a sniper, he needed a very special home that needed to be built. This is not something that was available. And it has voice activated controls and everything Matt needs. He is paralyzed from the neck down.

I think fundamentally we have to ask ourselves, and I respectfully ask the Subcommittee to think about if this question was posed to you from a soldier like Matt Kyle who on maybe his third or fourth tour of combat asked a Member of this Subcommittee, "I came home after serving my country in combat, I was cut down by a sniper in Iraq, why is it only worth \$60,000 to my country," how would we answer that question?

I had a similar question posed to me in 2004 when watching TV, I saw the story of a soldier who had lost both of his legs in Iraq. And I thought Homes For Our Troops was already out there doing this. And I went online because I had 2 weeks vacation and I was going to donate my 2 weeks time. There was no organization like Homes For Our Troops at the time. I asked myself a question, what am I going to do about it. And that is why I am here today.

And I think we really need to ask ourselves some fundamental questions. Are we really going to make this the American dream possible for these men and women? If we are, we need to find a way to fully fund at least \$187,000.

Homes For Our Troops relies on volunteer labor, donated materials, and that number there would still only cover half the cost of what we spend to donate these homes. And we have done nearly 50 so far and we have 30 plus that are under construction right now. And we are looking at the next group of 30 veterans that we are taking on over the next couple of months. These are the kind of changes that will really make that impact.

Thank you.

[The prepared statement of Mr. Gonsalves appears on p. 31.]

Ms. HERSETH SANDLIN. Thank you very much for your testimony, for being back here at the Subcommittee, and for the outstanding work that you are doing on behalf of so many of our veterans.

Let me start with the Temporary Residence Adaptation Grant Program. Mr. Wilson, you had mentioned three specific recommendations, decoupling that program so as to avoid the reduction in payments, increasing the allowance, and your third recommendation, can you repeat that for me, please?

Mr. WILSON. Yes, ma'am, as soon as I can find it. Here we are. Yes. The third recommendation was for those veterans who are eligible for the Special Housing Adaptation grants, SHA, Congress should increase that amount from the current \$2,000 cap to a \$5,000 cap.

Ms. HERSETH SANDLIN. Mr. Daley, you had indicated you agree with the decoupling, and in the written testimony of Mr. Gonsalves, he indicated the need to increase the amount of the Specially Adapted Housing Grant specifically to TRA.

Did the other panelists agree with all three of those recommendations.

Mr. Daley.

Mr. DALEY. Yes, ma'am, I do agree. The actual amount, I was concerned that you would ask how much should it be.

Ms. HERSETH SANDLIN. I was going to ask you that as a follow-up question actually.

Mr. DALEY. I have a colleague over here that knows a lot more. I have never knocked out a wall with a hammer. I know nothing about construction, but we know that that cost rises constantly.

And I have talked to other veterans in wheelchairs and they say, I may use that grant to put a lift in, if you have a bungalow style house with a big front porch that is 42 inches high, you are going to have to put one of these Canadian Garaventa lifts. Twenty thousand dollars right there to get you up to the front door, not even in the front door.

So when you think about it, some people can get by with that amount of funding but it does not make the house usable.

And I have known people that have actually added on another room, a big room, accessible, that becomes the person's family room and bedroom. And what does a room cost? It is \$50,000, \$60,000 at a minimum. So it definitely should be increased.

Ms. HERSETH SANDLIN. Do we have any information on the average out-of-pocket cost beyond the \$63,000 plus of the current grant?

Mr. DALEY. No, ma'am, I do not. I am curious of that also. It is probably all over the board because I know where I came from in the St. Louis area, on the weekends, there were projects where people come out to do volunteer work on homes for our veteran. So, you would actually have to count that as hours of labor cost.

Ms. HERSETH SANDLIN. Right.

Mr. DALEY. So I do not have an actual figure. But, somewhere we can arrive at something.

Ms. HERSETH SANDLIN. That or the historical numbers that Mr. Gonsalves offered here are also very helpful in terms of if the grant had been indexed to inflation back decades ago what it would be today and what the cost of the homes are today. And it gives us some numbers to work from. But anything that we could get to figure out on average what additional monies are being paid out of pocket.

But back to the other recommendations. And I assume, Dr. Zampieri, Mr. Gonsalves, you agree with the recommendations on the application of TRA?

Mr. GONSALVES. TRA.

Mr. GONSALVES. Yes.

Ms. HERSETH SANDLIN. Doctor, you as well.

Mr. ZAMPIERI. Yes.

Ms. HERSETH SANDLIN. One of the concerns that Dr. Zampieri has is with the updated version of the handbook. Could you elaborate for us if the handbook is helpful for visually impaired veterans or what further provisions would your organization like to see in the handbook?

Mr. ZAMPIERI. Yeah. The handbook is helpful. A lot of the modifications in regards to lighting and additional electrical outlets and all those things and then the—

Ms. HERSETH SANDLIN. You had mentioned that in your oral statement that you would like to see those types of adaptations added.

Mr. ZAMPIERI. Right.

Ms. HERSETH SANDLIN. So maybe a comprehensive list of what would be available.

Mr. ZAMPIERI. Okay. And then—

Ms. HERSETH SANDLIN. Is that—

Mr. ZAMPIERI. Right.

Ms. HERSETH SANDLIN. Okay.

Mr. ZAMPIERI. And then the voice activated types of devices are also, you know, being mentioned, especially for blind veterans who nowadays, you know, live alone. All those things add to safety and other things.

Ms. HERSETH SANDLIN. Mr. Gonsalves, you had expressed concerns that, I think in terms of some requirements in the grants, there are injuries that require some adaptations, which may be mandatory. But it would be helpful to have some additional flexibility in the grants. Is that correct.

Mr. GONSALVES. Yes.

Ms. HERSETH SANDLIN. Okay.

Mr. GONSALVES. And I think some of that may have been taken out. I hadn't seen the new VA pamphlet. I had not seen it before in the testimony.

But one of the things that Homes for Our Troops does now, and you can tell from one of the pictures that we have here, we have a soldier who is actually before his house is being built, this is under the fully functional kitchens for mobility, we qualify what types of adaptations are going to happen in a house based on injury.

And I guess it would sort of work the way the VA rates disability percentage. At the time a servicemember gets qualified for SAH, we have enough information at that time. And what Homes for Our Troops has done is we have an adaptation check list.

We only have five sets of home plans that we build. And the footprint is always the same. The windows are always the same. The floor plan is always the same. But there is an adaptation check list based on what the soldier needs. And that is why I provided some photos in here. It really gives you an idea.

You know, obviously a quadriplegic would need a lift and care system where somebody that has the mobility of their upper arms probably does not need it.

And I think at the time of being qualified for SAH, basically all the technology is there. We have built for, I think, every type of injury out there from amputees who are blind to different levels of spinal cord injuries.

So we know what is available to put in a home and it would be really great to be out in the front once they qualify a whole check list be put together.

Ms. HERSETH SANDLIN. I think that is very helpful. I think that you have some ideas and recommendations that would be helpful and would like you to share those with us and with the VA.

I think in addition to what they have done to update their pamphlet, to have someone who has undertaken the mission that you have undertaken, doing this work on the ground would be beneficial in creating those types of check lists.

I would also think that it would be somewhat beneficial based on the work that you have done and having these check lists for the different types of injuries that a veteran may have suffered from and how to construct homes suitable to his or her needs as it relates to the overall cost of that.

And I know that you agree that in addition to TRA that the Specially Adapted Housing Grant be increased. And, that is sort of the historical analysis that you are providing, specifically on Exhibit 1 for that grant.

Do you have a ballpark figure? Again, knowing that if we had adjusted it to inflation, it would be up to \$187,000. But based on the work you have done and the relative cost of doing that, do you have a ballpark figure?

Mr. GONSALVES. Yes. On average, we have averaged \$343,000 for the cost of building a new home.

Ms. HERSETH SANDLIN. So that is even greater than the average new home price?

Mr. GONSALVES. Right. But these are, you know, 100 percent fully adapted homes which, you know, they do cost a little more to build. You need a little extra square footage compared to what the average home that the Census Bureau uses.

Ms. HERSETH SANDLIN. Okay.

Mr. Bilirakis.

Mr. BILIRAKIS. Thank you, Madam Chair. I appreciate it.

Mr. Wilson, if you were to define loss of use, should any residual function, any limb disqualify someone from eligibility for the adaptive housing benefit?

Mr. WILSON. Excuse me, sir. Would you please repeat the question?

Mr. BILIRAKIS. Okay. I am sorry. If you were to define loss of use, should any residual function, any limb disqualify someone from eligibility for the Adapted Housing Grant?

Mr. WILSON. No, sir, I would not think so.

Mr. BILIRAKIS. This is a question for the entire panel. Keeping in mind, there are limitations imposed by PAYGO. If there is one change to the TRA Program you could make, what would it be?

Mr. WILSON. Sir, if there is one change I can make, I would first and foremost delink it from the SAH and SHA grants.

Mr. DALEY. I would agree with that. Make it a separate grant, a separate pool of money. And that way, we will see more veterans using it. I myself knowing that I only have \$63,000 to renovate a home not use it temporarily for 6 months while I am living with mom and dad, I would not use it.

Mr. BILIRAKIS. Thank you.

Mr. ZAMPIERI. Yes, I agree with that. I think, you know, it is either that or you try to increase the total amount and, therefore, you are still doing the same thing, you know, with the SHA or the, you know, as far as, you know, either way you go, you are going to have a problem because you are going to have to increase the amounts either just for the TRA or SHA.

Mr. GONSALVES. I agree. I would just make the TRA a separately funded project and not tie it into the adapted housing money and have to deduct that. I do not believe many veterans have actually used it.

And, you know, although I do not have any statistics, I would think I would go the same way if I had to make that choice and looked at the amount of a grant I had for a specially adapted home and I knew I could use some of that money for a temporary 6 months or maybe a year, when we look at, you know, \$14,000 compared to \$60,000 as a percentage, you are taking a good percentage of that funding out by doing that and I know I would not do it.

Mr. BILIRAKIS. Thank you very much.

Mr. Daley, in your testimony, you described several features such as ramps, doorways, bathrooms, kitchens, and bedrooms that may need adaptation to accommodate a chair-bound veteran.

Since PVA has an architect department, does PVA have any data showing the total cost of such renovation.

Mr. DALEY. No, sir. I am not aware of data that shows the total cost because we do not perform construction, but we do advise in accessibility and we certainly go by the Federal standards.

And I want to make something clear that in the testimony, I said that PVA reviewed the VA's new pamphlet. We did not approve. We reviewed. So it does not have our seal of approval on it.

Mr. BILIRAKIS. Okay. Thank you very much.

Thank you, Madam Chair. I yield back the balance of my time.

Ms. HERSETH SANDLIN. Thank you, Mr. Bilirakis.

I would now like to recognize the Ranking Member who I know had a markup in his other Committee.

Thank you, Mr. Boozman. I recognize you for questions.

Mr. BOOZMAN. Well, thank you very much, Madam Chair.

And I really do not have a question for this panel, but I appreciate you again having this hearing. This is one of the, I think, most important things that our little Subcommittee deals with.

And so it is important that we give all the aid that we can and get this thing right and certainly are committed to moving this forward. So we appreciate you all very, very much.

Ms. HERSETH SANDLIN. Thank you, Mr. Boozman.

Just a couple more questions that I have for this panel.

Mr. Wilson, in your testimony, you state that changes in the nature of a veteran's disability may necessitate a home configured differently and/or changes to the special adaptations.

Do you know how often there is a change in the nature of the veteran's disability? I mean, do we have any figures that we could work from.

Mr. WILSON. No, ma'am, I do not. I know, as Mr. Daley had indicated and others on the panel, we have spoken to veterans in the field and understood from their concerns, as their particular disabling conditions change, they ask for different additional assistance, but having reached the funding ceiling, no further assistance is available to them. And so it has made it more problematic for them to utilize the program again.

There are three opportunities to use SAH for a total of \$60,000. But as Mr. Daley was indicating, that certainly can be quickly consumed due to the various costs of construction. I understand from personal experience myself of a home having a water disaster this summer. Just to get that part done cost me \$12,000 just to replace the flooring.

So as I said, personal experience is a difficult teacher, but lots of our veterans are learning from a much more difficult circumstance than a malfunctioning water heater.

Ms. HERSETH SANDLIN. Okay. Mr. Daley, thank you for bringing to the Subcommittee's attention again the maximum amount of the mortgage life insurance. We will certainly take a look at both Senator Akaka's bill and H.R. 1037. I appreciate the point that you made and the specific example that you shared with us from the veteran that you heard from down in Georgia.

One last question, Dr. Zampieri, can you explain the difference in changing the Specially Adapted Housing Grant from 5/200 to 20/200 with regard to visual impairment?

Mr. ZAMPIERI. Yes. In fact, thank you very much. I was afraid someone did not notice that. And also I appreciate that Congressman Boozman just coincidentally showed up at the right time.

I am legally blind. I cannot drive. A lot of jobs I cannot do. My vision is worse than 20/200 and I do not qualify for anything under this program because the requirement is 5/200, which is really just you cannot tell if there is a light on. There is no light/dark perception for lack of a better way to describe it.

If somebody has 5/200 and they wave their hand in front of their face and you do not see it, you, quote, meet this requirement of totally blind.

Our concern is, and this is a growing thing, a lot of the traumatic brain injured servicemembers who have significant functional impairments who need extra lighting and all these other things get zip.

When I was in Houston and I was first service-connected for my blindness, for example, because of the 20/200 vision, they said no. So I went and I ended up spending about, not a whole lot, but almost \$7,000 to do the modifications to my house in Houston because, you know—and so the total numbers of servicemembers coming back that would be 5/200 is fairly low.

In fact, the Navy says there is less than 20 in the last 8 years out at Bethesda. But there are 140 that are enrolled in the VA with this 20/200 and are told no. And so it is a frustrating thing.

And I realize, of course, you know, the magic problem is if you change this section and you open it up to 20/200 is the definition of blindness, then, of course, you know, the automatic reaction is, uh-oh, you are going to expand the cost of the program.

And I, you know, am always suspicious of that. It is sort of like a couple years ago when you did the TRA legislation. I am sure people initially reacted by saying this is going to cost millions and millions and you are going to have all sorts of veterans applying for this. And the experience which I have is it usually is not that way. You know, people do not apply automatically.

But I think Mr. Boozman may have some thoughts about this problem of the vision complications.

Mr. BOOZMAN. I appreciate you bringing that up. And you make such an important comment. Probably the VA is the only entity in the world, you know, that uses that standard versus the 20/200 standard.

As an optometrist, I helped start—in fact, I started the School for the Blind's Low Vision Program in Little Rock. And I would say

probably, you know, 90 percent of the kids in there would not meet the—did you say 5/200 was the standard? I mean, that is the standard that I am familiar with because nobody uses it. Okay.

But I would say if you looked at all the kids in blind schools or schools for the impaired, the vast majority, vast, vast majority, there is no way that they would meet a 5/200 standard. Most people that, and lay people do not understand this, but most people that are blind have a lot of usable vision that can be worked with.

And it truly does, you know, going in and setting up a kitchen or setting up a house so that a person can easily pour a cup of coffee, you know, do things that we just take for granted, somebody might really struggle with that, that it did not meet this definition of vision which is so stringent in the VA.

So I think you make a great point. I think hopefully we can—I know that Ms. Herseth Sandlin and her staff and my staff, that is something that we really do need to address right now.

And, again, I think I can be helpful in that because I really do understand it. So thank you for bringing that up.

Ms. HERSETH SANDLIN. Yes. And thank you, Mr. Boozman. I look forward to working with you.

Mr. BOOZMAN. It was providence.

Ms. HERSETH SANDLIN. That is right.

The timing was perfect. Again, you make the very important point, Doctor, about the impact of some of the traumatic brain injuries that our servicemembers are suffering. And so I think given Dr. Boozman's expertise, given the thoughtful testimony you have provided today that we will work with you and together here with the Subcommittee and the VA to take a look at making this important change.

I would also encourage all of you and with our next panel to work together. We appreciate the update to the handbook, but it looks like we may have missed an opportunity that we need to seize once again to be even more comprehensive with that update as it relates to integrating some modern technologies, again putting our heads together in light of the experience of members of your organizations and, of course, Mr. Gonsalves' professional endeavor and volunteer endeavor with his organization and with his professional expertise that we can create a more comprehensive check list. At the same time we are looking at what we can do to improve the grants, whether it is through decoupling, whether it is through increasing the amounts and other recommendations that you have made for us here today.

I thank you all very much for your testimony, for your commitment to our Nation's veterans and will look forward to working with you further.

Mr. GONSALVES. Thank you.

Ms. HERSETH SANDLIN. We now invite our witness for the second panel to the table. Participating on the second panel is Mr. Mark Bologna, Director of Loan Guaranty Service for the U.S. Department of Veterans Affairs.

Mr. Bologna, thank you for being here. Welcome to the Subcommittee. Again, your written statement has been entered into the record and so you will be recognized for 5 minutes. And we will have some questions for you.

STATEMENT OF MARK BOLOGNA, DIRECTOR OF LOAN GUARANTY SERVICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. BOLOGNA. Madam Chairwoman, Ranking Member Boozman, and Members of the Subcommittee, I appreciate the opportunity to appear before you today to discuss VA's Specially Adapted Housing Program.

Eligible veterans may use a grant from VA to purchase or construct a home or to adapt an existing one to meet their needs. Through the SAH Grant Program, thousands of veterans have been afforded a level of independent living they may not have otherwise enjoyed.

VA administers, as you know, three types of grants under the SAH Program. To be eligible for a grant, a veteran or a servicemember must be entitled to VA compensation benefits for permanent and total service-connected disabilities. Amounts of assistance are subject to aggregate maximums and no individual may receive more than three grants of assistance.

The Adaptive Housing (AH) Grant, the smaller grant, is available to individuals whose disabilities are due to blindness in both eyes, the anatomical loss or loss of use of both hands, or severe burns.

With the enactment of Public Law 110-289, the maximum amount of assistance is now tied to an annual cost of construction index and was recently increased by 6.3 percent to \$12,756. This grant may be used to purchase, construct, or adapt a home owned by the eligible individual or to adapt a home owned by a member of their family.

The Paraplegic Housing (PH) Grant is the larger grant and is available to severely disabled individuals who are entitled to assistance due to the loss or loss of use of both lower extremities or of both upper extremities. The law also provides eligibility based on other types of injuries such as blindness and loss or loss of use of one lower extremity in combination or severe burns. The maximum amount of assistance for this grant is also adjusted annually and was increased to \$63,780 on October 1st.

Unlike the AH grants, which may be used to adapt the home of a family member, PH grants are only available to purchase, construct, or adapt a home owned by the veteran or servicemember.

The TRA Grant is available to an individual who is temporarily residing with a family member and is otherwise eligible for either a PH or an AH Grant. An individual eligible for the PH Grant may receive up to \$14,000 while the veteran or servicemember eligible for the AH Grant may receive up to \$2,000. Unlike the PH and AH grants, VA does not have the authority to adjust these amounts to keep pace with costs of construction.

Between fiscal years 1989 and 2006, VA provided an average of 500 grants per year. In fiscal year 2009, we approved 1,270 grants. That is an increase of 140 percent between fiscal year 2006 and fiscal year 2009 and we expect that upward trend will continue.

Congress made a number of legislative changes to this program in recent years. Most notably Congress changed the program from a one-time use to a three-time use. This change allowed individuals

to make additional adaptations to their homes or upgrade existing modifications.

Additionally, if they move to another home, and have remaining eligibility, they can now use the program to adapt their new home.

These legislative changes have significantly improved the benefits available to severely injured veterans and servicemembers and they have increased the overall flexibility of the program.

However, as noted in VA's report to Congress published in August, there are statutory inadequacies that may prevent a number of individuals from receiving much needed assistance.

According to VA's survey in 2007 of SAH grantees, most AH recipients, again the smaller grant, indicated that the grant amount was not enough to cover the full cost of adaptations. As a result, they may have incurred significant out-of-pocket expenses or had to rely on the generosity of others.

In other cases, veterans or servicemembers who have service-connected conditions that may benefit from home adaptations are not eligible due to the fact that the law specifies a finite list of qualifying disabilities.

Congress created the TRA Grant in 2006 and extended the benefit to active-duty servicemembers in July of 2008. As you know, since the inception of the grant, VA has dispersed 12 grants and approved an additional five for processing.

There are several factors that may explain why so few individuals have chosen to use this valuable benefit. First, GAO reported that several veteran service organizations believe the number of veterans and servicemembers whose living situation is appropriate for TRA could, in fact, be very small.

Second, severely injured servicemembers often face a difficult transition when returning from combat and may not be ready to make decisions regarding their living situation. Consequently, these eligible individuals might delay or even opt out of using the TRA benefit.

Additionally, when individuals use the TRA Grant, their opportunity to receive future assistance is limited in two ways, as you know. The amount of the grant is deducted from the aggregate amount of assistance available and the use counts as one of the three uses.

As a result, an individual needs to consider their future plans in terms of using the AH or PH Program before deciding whether to use a TRA Grant.

In addition, the GAO report noted comments from other veteran service organizations that additional outreach to servicemembers and veterans about TRA could potentially increase the use.

Finally, the Subcommittee requested information about our Handbook for Design and we already heard some information about that. VA worked in conjunction with a graphics designer and we sought advice from Carol Paredo Lopez, the National Architecture Director for the Paralyzed Veterans of America. We published the pamphlet on our Web site in October and we will continue to work with the industry to regularly update the guidance provided in that pamphlet.

Madam Chairwoman, this concludes my testimony. Again, I appreciate the opportunity to be here today and I look forward to answering your questions.

[The prepared statement of Mr. Bologna appears on p. 35.]

Ms. HERSETH SANDLIN. Thank you very much for your testimony. I recognize Mr. Boozman to begin our questions.

Mr. BOOZMAN. Thank you very much, Madam Chair.

The Chair and I have supported increasing the benefit levels and introduced H.R. 1169 to triple the benefit levels. You have testified for an increase in the adapted housing benefit, yet your data shows that average payments are \$9,256 for the Adapted Housing Grant and \$43,353 for the Paraplegic Housing Grant.

What should the benefit levels be and will the Administration be requesting an increase in any or all of the SAH grants.

Mr. BOLOGNA. Thank you for the question, sir.

The information we provided that you referred to, the average on the AH Grant of \$9,266 or \$9,256, excuse me, that was based on the total AH Grant usages in fiscal year 2009. There were 81 of those. That included reuse, so that brought the number down. The number, if I isolate that number to those that only used the AH Grant in 2009 for the first time, the average was \$10,600 and the median was \$12,000, which was also the maximum.

In regards to your question about what should the numbers be, I would point out that in our report, we mention that we have been told through the SAH survey that we do of veterans and servicemembers that use our grant program that they believe that in many cases, the grant is not sufficient.

We, as the first panel mentioned, we have heard as well from veteran service organizations that they are concerned over that. And we noted in one of the two reports to the Congress a fairly recent *New York Times* article that also expressed that concern.

Mr. BOOZMAN. Very good.

Mr. BOLOGNA. Thank you.

Mr. BOOZMAN. First of all, I would like unanimous consent to introduce my statement into the record.

Ms. HERSETH SANDLIN. Without objection, so entered.

[The prepared statement of Congressman Boozman appears on p. 24.]

Mr. BOOZMAN. And then if it is okay, let me read just a little bit of it because it kind of addresses, I think, what we might have is maybe catch-22 situations in some cases.

Let me start with, currently one of the limitations for the large grant is loss of or loss of use of both lower extremities such as to preclude locomotion without the aid of braces, crutches, canes, or wheelchair.

And then that is the regulation, but as presently worded, it is my understanding that an amputee whose remaining leg retains some function however minimal would not qualify for the larger grant or, put another way, the remaining leg must have no functionality.

Likewise, I find no temporal limitation on the loss of locomotion. For example, someone who required the use of crutches, a cane, or a wheelchair for several months but may eventually be able to move without such aid may also not qualify.

It is possible that, you know, we are wrong in that interpretation, but we have received a lot of anecdotal examples of such limitations on the application of the current law.

I guess what I am saying is if we are correct in our interpretation that that is a problem, then what we would like to do is work with the Chair and work with you all and get it straight.

Is that a problem as I am saying? One of the things that is happening right now is that it appears that there is an effort to save limbs even if they are not of much use, but they are a limb and this and that. So can you comment on that for us.

Mr. BOLOGNA. Yes, sir. The decision as to whether, and obviously the decision is based on Compensation and Pension Service in VA makes their rating determination, but those determinations are based on the medical exam and the findings.

And so as a result, and I think you hit it specifically, if the ability to ambulate on the lower extremities without the use of crutches, braces, or other means, if the person cannot ambulate without those things and it is found to be a permanent condition, then the determination is that they are going to be eligible. If they are able to ambulate with some assistance or without assistance, then they would not be eligible as it stands today.

Mr. BOOZMAN. If it is okay with you, could he—

Ms. HERSETH SANDLIN. Yes.

Mr. BOOZMAN [continuing]. Address the—

Ms. HERSETH SANDLIN. Certainly. We will recognize counsel.

Mr. BOOZMAN. That way, we will not have a three-party thing.

Mr. BOLOGNA. Yes, sir. Yes, sir.

Mr. BRINCK. Thank you, Mr. Bologna.

As you know, Master Sergeant Gibson is on our staff, a fellow active-duty Marine who is an above-the-knee amputee. And he was mentioning several of his friends who are amputees, one leg, with virtually no but maybe some small residual remaining functionality. Maybe they could stand on a leg, but certainly could not walk, but they have been denied Adapted Housing grants based on that residual or retained functionality. And I think that is what we are trying to get at here.

Mr. BOLOGNA. Sure. I would like to take that for the record and get more details from the medical professionals both in Veterans Health Administration as well as my counterparts in Compensation and Pension.

My understanding is that if, the person is not able to ambulate on their own, even if the limb is still physically present, then they should meet the criteria.

So I am certainly happy to interact with you all on any specific veterans, but I would like to take it for the record and get someone with a medical background to address that for me—

Mr. BOOZMAN. Okay.

Mr. BOLOGNA [continuing]. If that is acceptable.

[The VA provided the answer in Question #6 of the Post-Hearing Questions and Responses for the Record, which appears on p. 51.]

Mr. BOOZMAN. And I appreciate the Chair's indulgence in letting counsel ask the question because it really is important.

I mean, the intent of this Committee, the intent of all this, and I said earlier we deal with a lot of things on this Committee, but

I think all of us up here, the entire Committee really feels like this is one of the most important things that we deal with.

But we do not want some situation like was mentioned with the 20/200 vision where that is not—20/200 is the accepted rating for blindness throughout the world, certainly throughout the United States. But we do not want some catch-22 where these severely injured guys do not qualify for some mess-up in the law where you cannot do that.

So if you would find out what is going on with that and then get back with us, that really would be greatly appreciated.

Mr. BOLOGNA. Yes, sir, absolutely. Thank you.

Mr. BOOZMAN. And also would you find out about the temporary—if a guy is going to be for 2 or 3 years in a wheelchair or something, you know, would that preclude. Again, we just do not want any catch-22 situations.

Mr. BOLOGNA. And the second part, Mr. Boozman, I believe I can answer, And that is the way that the program is set up today, it is a permanent condition. So if it is a temporary condition, then that would preclude eligibility.

Mr. BOOZMAN. Okay. Even if it were for an extended period?

Mr. BOLOGNA. Again, I will take that to get clarification, if I may.

Mr. BOOZMAN. Okay. Thank you very much.

Mr. BOLOGNA. Thank you, Congressman.

Mr. BOOZMAN. Thank you, Madam Chair.

Ms. HERSETH SANDLIN. Thank you.

Would it preclude eligibility, if the condition is temporary, would it preclude eligibility for TRA.

Mr. BOLOGNA. I believe it would, in that again the way the TRA Grant Program works is that you have to be otherwise eligible for either the AH or the PH and those are both based on permanent loss of use.

Ms. HERSETH SANDLIN. Well, following up on Mr. Boozman's concern, I want to make sure, too. He cited the visual impairment example that Dr. Zampieri mentioned in his testimony but also any residual use.

I mean, you stated in your testimony there has been a 140 percent increase.

Mr. BOLOGNA. Yes.

Ms. HERSETH SANDLIN. That is of people who have been eligible.

Mr. BOLOGNA. Correct.

Ms. HERSETH SANDLIN. So it somewhat skews the analysis either from your office or the Office of Management and Budget (OMB), for us to assess in looking at annual budget need all of these people who may be denied the grants based on some of these questionable eligibility determinations. Therefore, it is very important if you can pursue this and get back to us.

Mr. BOLOGNA. Sure.

Ms. HERSETH SANDLIN. Because I know OMB is currently putting together fiscal year 2011 and we are looking at this increase that you had given us as a projected outlook for grant usage.

Just given that 140 percent increase, how long will this increase of usage for the Specially Adapted Housing grants last and are you confident that you have the resources to meet the need?

Mr. BOLOGNA. Sure. Thank you.

We have not projected it out 10, 15, 20 years. We just looked to the next 2 or 3 years. We can certainly continue to look. We believe that the increase is due in large part to the work of Congress over the last couple of years in changing the program and making it available essentially and useful to many more people.

We do anticipate that we are going to continue to see, again, we approved nearly 1,300 grants in the last fiscal year, we expect that we will exceed that this coming year. We do have in terms of the staffing, we believe we have more than enough staffing today. I guess I should not say more than enough, but we have enough staffing.

One of the things that we are doing in addition to addressing the folks that are coming in and using the program is continuing to expand and think of new ways to do outreach to make sure that everyone knows whether they are eligible or may be potentially eligible, that they know about the benefit.

Ms. HERSETH SANDLIN. I appreciate that, the efforts at the outreach as well and how important that is. In light of some of the changes that Congress has made, we want to make sure it gets to all of the folks and all of the regional offices to make sure there is consistency of interpretation of any new regulations and the provisions and legislation that we have passed.

You also highlighted some of the findings of the 2007 survey of those using Specially Adapted Housing. You mentioned that most grantees felt the current grant program was not sufficient to cover the cost of adaptations.

Did the survey inquire as it relates to any cost above the grant amount, what the out-of-pocket costs are, what charitable, amounts of charitable donations or volunteer efforts to meet the need? Do you have any of that type of information available that would assist us in determining an appropriate grant amount if indeed we could find ways to increase any mandatory spending in these grant programs?

Mr. BOLOGNA. We do not retain or maintain collection of data in terms of if needed adaptations exceed the amount. We mentioned—

Ms. HERSETH SANDLIN. Did you ask even if you did not maintain the information?

Mr. BOLOGNA. I do not know. I will have to check. I do not know if we asked that specific question in the survey. We did mention and, excuse me—

Ms. HERSETH SANDLIN. Uh-huh.

Mr. BOLOGNA [continuing]. While I flip through my note. In the report, one of the recent reports to Congress, we did provide a chart that showed some sample costs of typical adaptations. I believe one of the gentlemen on the previous panel mentioned something similar in terms of the typical kitchen remodel, in terms of the part that would need to be done in association with an adaptation, as well as some of the assistive devices with lighting and enhanced lighting and those sorts of things that would be beneficial. And we do provide information on sample costs there.

Ms. HERSETH SANDLIN. What more should we be doing in your opinion for burn victims or veterans with visual impairments?

Again, and maybe a specific response to Dr. Zampieri's testimony and Mr. Boozman highlighting the standard of 5/200 is used for eligibility determinations versus standard in the profession and what is recognized elsewhere outside the VA of the 20/200.

Mr. BOLOGNA. Sure. In terms of the second part, the visual impairment, I would defer to the medical experts both within VA as well as the Congressman and others in terms of the medical definition.

Ms. HERSETH SANDLIN. Could you follow up with them, take the question for the record, and provide us a response from some of the medical experts within the VA to justify that standard?

Mr. BOLOGNA. Yes, I can do that.

[The VA subsequently provided the following information.]

The SAH program is currently limited by existing statute. Currently, all disabilities that entitle a Veteran to SAH benefits are required to be rated permanent and total (100 percent). The existing 20/200 standard does not result in a permanent and total disability rating.

Ms. HERSETH SANDLIN. Okay. Thank you.

Mr. BOLOGNA. In terms of the burn victims, we have been working on the regulation package. It is going through final approval now. We have been working, obviously while we are responsible for administering the Specially Adapted Housing Grant Program, working closely with medical experts as well as my counterpart in Compensation and Pension. I know they have worked closely with Paralyzed Veterans of America as well as some others.

As this body knows, one of the challenges with the burns is the issue of the varying degrees of burns. Some affect the outer layer of skin. Some affect the inner. And some of those injuries that result in burns are temporary and the veteran or servicemember does regain some use. In other cases, the burns are so severe that they do not.

So I know that the experts have been working through that in terms of trying to quantify that and put it in a way that we can put into practice and help servicemembers and veterans.

Ms. HERSETH SANDLIN. Very good.

My final question relates to the handbook. We appreciate getting the update in anticipation of this hearing. We passed the legislation requiring the update at the end of last Congress.

In light of what we heard from the first panel and what I am hearing from counsel, we anticipated that this maybe would have been a little bit more comprehensive. And I know that you consulted with an expert working with PVA. It does seem to be focused on adaptations for veterans who may be bound to wheelchairs. And we were anticipating perhaps that we would incorporate adaptive technology available on the marketplace.

Can you provide us some assurance that this is not the only update we are going to be seeing? We were anticipating something a bit more comprehensive and I would hope that you would be willing to work with the Committee and those that testified earlier in addition to the work that you did for this update to expand this either further, incorporate other options that are available that those in the construction industry could provide us.

What are your thoughts when you put this update together? Was it something that you thought met our needs or was it sort of one step among others that you envision for updating the handbook.

Mr. BOLOGNA. Sure. Thank you.

I think it is the latter. The handbook, the design handbook had not been updated in many, many years. And as you point out, we did work with PVA and appreciate their assistance. We talked to some others.

It was a conscientious decision frankly not to publish it in hard copy but to put it on the Web and to only put it on the Web. And the reason for that primarily is so that while we are proud to have updated it, we think it is a big improvement, we recognize that there may be more to do.

And in putting it on the Web, we can put it out there and certainly find if we have gaps, if there are still needs, and it sounded like certainly not only your comments but the first panel had some very good points. The nice thing about the Web is we can do an update as often as we need to.

Now, obviously we put a lot of effort into it and want to make sure it is a good product, not one that we have to change every week, every month. But we are more than willing to work with not only this Committee but certainly the panel members to incorporate their ideas and to figure out are there other places we can get ideas. And certainly putting it on the Web, we can update it as frequently as need be.

Ms. HERSETH SANDLIN. I am glad to hear that because I think we have a lot of ideas circulating and ways to improve the product.

Do you have plans at any point to publish it or is this something that will be just Web based from here on out?

Mr. BOLOGNA. Sure. So I have been in my present job officially since January and on the ground probably since early summer. One of the first things that was presented to me was the Handbook for Design along with a purchase order request to have it printed. And I made the decision not to print it initially.

If it stabilizes and we collectively, the audience for which it is intended, the people that have to use it, if we get to the point in say the next few months, next 6 months that we believe it has reached that level, then certainly we can print it.

My intent was not to print something and then get advice and find out, gosh, you know, there are some more things we could have done that would make it an even better product. But certainly we can print it when or if the time is appropriate or we can continue to put it out solely on the Web.

Ms. HERSETH SANDLIN. Well, I really appreciate your foresight and your judgment and the decision that you made in light of the moving parts of what was happening after the legislation was enacted and some of what may have been happening in your Department before you came on board. Recognizing that the stakeholders, those that will be using it, as well as veteran service organizations and, of course, the Committee just recently receiving it would like to have that chance to review to determine whether or not it meets the expectations and the needs.

Mr. BOLOGNA. Sure.

Ms. HERSETH SANDLIN. We will look forward to following up with you and working with others that testified earlier in this hearing to make this as useful for those that are assisting our veterans in utilizing these grants as possible. We appreciate your leadership on the issue.

Mr. Bologna, thank you very much for your testimony.

Mr. Boozman, do you have any final questions?

Mr. BOOZMAN. Just very quickly, Madam Chair.

The PVA pointed out that it takes from 6 months to a year to adapt a home, some of which is due to the approval process by VA.

I guess the question is, what can we do, what can VA do, is there anything we need to do to help such that the claim is completed, you know, and the adaptation is put into place in as timely a fashion as we can?

Mr. BOLOGNA. Yes. Thank you.

And I have not had a chance to read the first panel's testimony yet. Certainly every adaptation is unique and so there are some challenges sometimes and there is some back and forth.

One of the things we have done earlier this year in the Loan Guaranty Service in VBA is to put a new system in place that allows us to track and get information on all of the adapted grants. Prior to this system, it was more of a legacy system, it was harder to compile the information. So from my perspective, from my desk, it is going to be increasingly easier to get information and to be able to track.

The other thing that we have done as part of our overall accuracy reviews is we are now injecting some reviews before grant approval so that we will be able to take a look as time goes by.

And, one, if there are bottlenecks because of not acting appropriately, we will know that, but, more importantly, if there are bottlenecks because of process or challenges, we can learn from that and improve—you know, it may be a combination of things, improving policy, improving oversight, those sorts of things.

Mr. BOOZMAN. Thank you, Madam Chair.

Ms. HERSETH SANDLIN. Thank you, Mr. Boozman.

Again, thank you, Mr. Bologna, for being here and your work.

We thank all of our panelists who testified this afternoon for your statements, for your many insightful recommendations. We will continue to look forward working with all of you in partnership to address the growing needs of our veteran population, those who have been severely injured and would derive great benefit from these programs and modernize them to meet those needs.

I thank you again, and the hearing stands adjourned.

[Whereupon, at 3:31 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Stephanie Herseth Sandlin, Chairwoman, Subcommittee on Economic Opportunity

According to the Defense Manpower Data Center, at the Department of Defense, approximately 35,000 servicemembers have been wounded in Iraq and Afghanistan. Today, we will receive timely testimony that foreshadows the increased need for adaptive housing grants. In caring for our injured men and women in uniform, we must continue to address their needs so they may live as independent as possible after their honorable military service.

Some of our panelists might recall a hearing we held on specially adaptive housing, early in the 110th Congress, in which we received testimony on ways to improve existing VA adaptive housing programs. Following this hearing, this Subcommittee worked with stakeholders to:

- Provide specially adaptive housing assistance to disabled servicemembers residing temporarily in housing owned by a family member;
- Require the VA to update its pamphlet on the construction and design of a specially adapted house; and
- Increase the amount of assistance available to disabled veterans for specially adaptive housing grants.

While these legislative accomplishments are significant, today's hearing will provide the Subcommittee Members the opportunity to determine if the existing adaptive housing grants provide the needed benefits for our most injured servicemembers and veterans.

I look forward to working with Ranking Member Boozman, Members of this Subcommittee and veteran advocates to ensure that our most critically wounded servicemembers are provided adequate benefits to modify their homes to achieve independence and comfort when they return home. I now recognize Mr. Boozman for any opening remarks he may have.

Prepared Statement of Hon. John Boozman, Ranking Republican Member, Subcommittee on Economic Opportunity

Good afternoon Madam Chair. Although the Adapted Housing benefit is not the largest VA program for disabled veterans, it is among the most important. Without it, veterans with disabilities which affect their mobility will have difficulty living in their homes. Severely disabled veterans will face enough challenges in their lives and by adapting their homes to their disability will make at least that portion of their lives easier.

On the whole, it appears the Adapted Housing program is working. VA data shows about 1,200 Paraplegic Housing Grants averaging \$43,353 last fiscal year and 81 Adaptive Housing Grants averaging \$9,256. VA also made 9 Temporary Residence Grants which averaged \$13,314. VA satisfaction data shows the overwhelming majority of veterans regard the program as improving their lives and that is what it is all about.

Madam Chair, during the 109th Congress, we created what is known as the Temporary Residence Adaptation Grant or TRA in which VA will modify the residence of a family member in which the veteran temporarily resides. We have also increased the grant amounts up to \$60,000 and \$12,000 depending on the level of disability.

I believe there are other opportunities to improve this program without incurring PAYGO and I want to explore that further with our witnesses. Let me give you an example of what I am thinking. Currently, one of the limitations for the large grant is,

“the loss of, or loss of use, of both lower extremities such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.”

As presently worded, it is my understanding that an amputee whose remaining leg retains some function—however minimal—would not qualify for the larger grant or put another way, the remaining leg must have no functionality. Likewise, I find no temporal limitation on the loss of locomotion. For example, someone who required the use of crutches, a cane, or wheelchair for several months but may eventually be able to move without such aid, may also not qualify.

It is possible I am wrong, but we have received anecdotal examples of just such limitations on the application of the current law. But Madam Chair, if I am correct, I want to work with you to clarify our intent which is to take care of our severely injured veterans.

Madam Chair, I look forward to hearing from our witnesses and hearing how we can improve the program. I yield back.

Prepared Statement of John L. Wilson, Associate National Legislative Director, Disabled American Veterans

Madame Chairwoman and Members of the Subcommittee:

On behalf of the 1.2 million members of the Disabled American Veterans (DAV), I am honored to present testimony to the Subcommittee today and comment on programs insofar as they are in accordance with DAV's dedication to one, single purpose—building better lives for all of our Nation's disabled veterans and their families.

Under consideration today are the Department of Veterans Affairs (VA) Specially Adapted Housing (SAH) Grant Program, the Special Housing Adaptation (SHA) Grant Program, as well as the Temporary Residence Assistance (TRA) Grant Program. I will primarily address the SAH and TRA Grant Programs in my testimony today.

Congress enacted Public Law 109–233, the Veterans' Housing Opportunity and Benefits Improvement Act of 2006, to improve the benefits available to veterans and servicemembers to address the needs of the now approximately 34,000 servicemembers wounded since May 2009, as part of Operation Enduring Freedom or Operation Iraqi Freedom. The Act allowed the VA to expand previously existing adaptive housing assistance grants to include the TRA Grant for eligible individuals living in temporary status in a home owned by a family member.

The SAH and TRA adaptive housing assistance grants are provided specifically to service-connected disabled veterans rated 100 percent permanently disabled due to at least one of the following: the loss or loss of use of both legs in a way that precludes locomotion without the aid of braces, crutches, canes, or a wheelchair; blindness in both eyes and loss of use of one leg; the loss or loss of use of one leg together with residuals of organic disease or injury; or the loss or loss of use of one arm affecting the functions of balance or propulsion in a way that precludes locomotion without the aid of braces, crutches, canes, or a wheelchair; the loss or loss of use of both arms so as to preclude the use of the arms at or above the elbows; or a severe burn injury; the loss or loss of use of both arms so as to preclude the use of the arms at or above the elbow. Severe burns will also be added to the list of disability criteria for SAH and SHA once new criteria have been adopted. These grants allow eligible individuals to construct an adapted home or modify an existing home to accommodate their disabilities.

The SAH Grant Program provides financial assistance to veterans and servicemembers who are entitled to compensation for permanent and total service-connected disability due to the loss or loss of use of multiple limbs, blindness and limb loss, or a severe burn injury. Eligible individuals may receive up to three SAH grants totaling no more than 50 percent of the cost of a specially adapted house, up to the aggregate maximum amount of \$60,000, adjusted annually based on a cost-of-construction index.

The DAV views the SAH Grant program as an important resource for our most severely injured eligible individuals. The loss or loss of use of extremities and other conditions place special burdens on those impacted. Through a combination of their resourcefulness and support from the Administration and Congress, this grant allows eligible veterans to come to terms with managing their lives in new ways.

We believe however, that the resources provided by the Government are insufficient, particularly in today's depressed economy housing market. DAV, through Resolution No. 176, calls on Congress to increase the SAH Grant Program. The current \$60,000 maximum amount authorized for this grant, although it can be used up to

three times for the aggregate \$60,000 maximum, is insufficient to allow such veterans to make all necessary adaptations and modifications. Therefore, we support legislation that would provide a realistic increase in the grant authorized by section 2101(a) of title 38, United States Code.

DAV also requests Congress to establish a grant program for special adaptations to homes that veterans purchase or build to replace initial specially adapted homes. Like those of other families today, veterans' housing needs tend to change with time and new circumstances. An initial home may become too small when the family grows, or become too large when children leave home. Changes in the nature of a veteran's disability may necessitate a home configured differently and/or changes to the special adaptations. These evolving requirements merit a second grant to cover the costs of adaptations to a new home.

Regarding TRA, this pilot program, which is scheduled to expire December 31, 2011, allows veterans and active duty servicemembers to apply for a grant to adapt the home of a family member where they will temporarily reside, provided that family member is a person related to the veteran by either blood, marriage, or adoption. It enables veterans and servicemembers eligible under the SAH and SHA programs to use up to \$14,000 and \$2,000, respectively, to modify a family member's home. Each TRA grant is counted as one of the three grants allowed under either SAH or SHA, and also counts toward the maximum allowable \$60,000 under SAH and \$12,000 under SHA.

The Veterans' Housing Opportunity and Benefits Improvement Act of 2006 expanded the SAH and SHA benefits by increasing the number of grants available to eligible individuals from one to three. The Housing and Economic Recovery Act of 2008 also increased the maximum allowable SAH and SHA grants to \$60,000 and \$12,000, respectively, adjusted annually based on a cost-of-construction index.

DAV is concerned about the viability of the TRA Grants Program. According to a GAO Study of June 15, 2009, titled *Veterans Affairs: Implementation of Temporary Residence Adaptation Grants*, there have only been nine TRA Grants processed by the VA, ranging from \$3,575 to \$14,000. The GAO study cites three reasons why the grants have been so limited in their utilization.

First, the pool of eligible veterans and servicemembers is very small in that, although 1,800 become eligible for adaptive housing assistance each year, these same veterans must also live, or plan to live, temporarily with a family member who owns a home. If that same veteran planned to live with a friend or a family member in a rental property, they would not be eligible. This is likely a small set of eligible recipients.

Second, TRA may not be a suitable option for some who are eligible for it. Severely wounded veterans may find transition difficult when they return from combat, and may not have definite plans for what they will do when they leave the hospital, for such pivotal issues as where to live, with whom, and for how long. Uncertainty such as this may cause some otherwise eligible individuals to delay or opt out of using it.

Third, TRA counts against the \$60,000 maximum amount of adaptive housing assistance available in SAH, and \$12,000 in the case of SHA. Given the high cost of adapting a house, some eligible individuals do not choose to use TRA in order to preserve their full SAH or SHA benefit. They also said that they were aware of some veterans and servicemembers who, in lieu of using TRA to adapt a temporary residence, received assistance from nonprofit organizations or from other VA programs.

What is to become of this important program? It seems logical that severely injured veterans and servicemembers, who often need daily care during an extended convalescence, would benefit from a program that allowed them to adapt their temporary surroundings using the TRA Grant Program. It is the DAV's view that the primary obstacle to a broader utilization of this program is the fact that participation in this program negatively impacts the monetary cap of the SAH program.

DAV calls on Congress to modify the TRA Grant Program for special adaptations to homes in which veterans temporarily reside, which are owned by a family member. Specifically, Congress should increase the allowance from \$14,000 to \$28,000 for those veterans who have a permanent and total service-connected disability as a result of the loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair. For those veterans who have a permanent and total service-connected disability rating due to blindness in both eyes with 5/200 visual acuity or less, and the disability includes the anatomical loss or loss of use of both hands, Congress should increase the allowance from \$2,000 to \$5,000.

The DAV further recommends that the TRA Grant Program be decoupled from SAH and SHA monetary caps, and be placed at a level on par with those caps. This

would provide our veterans and servicemembers in the most need with the flexibility necessary to respond to their own changing lifestyle requirements given their level of recovery and mobility.

Madame Chairwoman, this concludes my testimony on behalf of DAV. We hope you will consider our recommendations. I would be happy to answer any questions members of the Subcommittee might have.

**Prepared Statement of Richard Daley, Associate Legislation Director,
Paralyzed Veterans of America**

Chairwoman Herseth Sandlin, Ranking Member Boozman, Members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to testify today regarding veterans use of the Specially Adapted Housing Grant, the Special Housing Adaptation grant and the latest housing program, the Temporary Residence Assistance grant. We appreciate the efforts of the Subcommittee to address these grants provided by the Department of Veterans Affairs to assist the men and women who have made the commitment to serve their Nation and have become permanently disabled while serving.

**SPECIAL ADAPTED HOUSING GRANTS
SPECIAL HOUSING ADAPTATION GRANTS**

The Department of Veterans Affairs programs being discussed today are very important to the members of PVA and other seriously disabled veterans. For many years the co-authors of *The Independent Budget*—AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars have emphasized the need for adequate increases in the Specially Adapted Housing grant (SAH) and the Special Housing Adaptation grant (SHA) programs. We are very thankful for the significant increases in the Specially Adapted Housing grant program and Special Housing Adaptation grant program that were enacted in the 110th Congress. The increases in the value of these grants, along with the yearly index adjustment for inflation received the full support of this Subcommittee and the full House Committee on Veterans' Affairs. Fortunately, improvements were included in H.R. 3221, the "Housing and Economic Recovery Act of 2008" (P.L. 110-289). PVA has long supported increases in these programs as they directly help to improve the lives of our members and other disabled veterans.

PVA along with the other VSO's strongly supported recent legislation adjusting the Specially Adapted Housing (SAH) grant to \$60,000. PVA's architecture program provided the information, based on the cost of construction at that time. The grant has been adjusted over time in an attempt to keep pace with the rising cost of home construction. The grants value has usually lagged behind the cost of construction since legislation was required to adjust the value of the grant and construction costs consistently outpaced inflation. We were pleased that an automatic annual adjustment which reflects the cost-of-construction index rather than the cost-of-living index was included in the "Housing and Economic Recovery Act" passed late last year.

PVA members and other disabled veterans that qualify for these programs were also appreciative when Congress increased the number of times the grant may be accessed by qualified veterans from one-time use to a maximum of three times up to the maximum allowable amount of \$63,700. In today's mobile society it is common for members of the general population, including disabled veterans, to move their place of residence several times during their adult years for personal-family reasons, health reasons, or employment reasons. The multiple uses option of this grant will be well received among the qualified program participants today and those disabled veterans of the future.

The \$63,700 currently available using the Specially Adapted Housing grant is a significant help for a veteran to make the needed modifications to their existing home or newly purchased previously owned home. Since it is difficult to find an existing home that can be made totally accessible, some veterans choose to design a new house incorporating accessibility into the plans. Often financial considerations or a convenient living location near family members may preclude designing a new home. In those situations the often monumental task of making the existing structure accessible must be considered. Guidance and information to make modifications for accessibility can be found in the VA's newly issued VA pamphlet 26-13, *Handbook for Design: Specially Adapted Housing for Wheelchair Users*, which was also reviewed by PVA's Architecture Department before its publication.

Many existing homes can be modified to improve access for a wheelchair user and enhance the function of the home. Some basic alterations would include creating an accessible entrance to the home including an accessible route to the entrance door, a level platform that is large enough for maneuvering during door operation, and enlarging entrance doorways. One bathroom would need complete renovation including plumbing arrangements if an accessible roll-in shower is required. The movement of an existing wall may be necessary for a person in a wheelchair to use each fixture of the bathroom, allow room for door operation and general circulation in the bathroom. Similar construction alterations would be required for the kitchen to be accessible and usable, and perhaps alterations to the master bedroom. The current grant amount of \$63,700 in many situations would not pay for the entire project of making a home accessible for a wheelchair user. Since the house must be made accessible for the veteran, they would have no other option than to pay for remaining construction costs from personal savings, arrange a loan from a bank, or borrow needed funds from family members. We have been told that more often, than not, this is the situation the veteran faces.

Eventually the disabled veteran will have a home that is usable for themselves and their families. Often this will be accomplished with donated building supplies, donated labor from friends and family members, and support from non-profit organizations. Increasing the maximum value of this grant along with the annual index would make the transition to civilian life less stressful for the veteran.

THE TEMPORARY RESIDENCE ADAPTATION GRANT

PVA supports the Subcommittee's interest in the Temporary Residence Adaptation grant. The maximum amount of this grant is \$14,000. This is a small amount of funding for making the necessary modifications for a residence to become useable for a disabled veteran who is temporarily residing in housing owned by a family member. Unfortunately, that amount could be exhausted in the modifications to allow the veteran to travel from the edge of the property (accessible route from sidewalk or Community Street) into the front door of the home. The \$14,000 in most cases would get the veteran in the home, but they would be unable to use the home.

However, the current benefit provided by the TRA grant is problematic to veterans in need of transitional housing who may wish to purchase a home and use adaptive housing assistance at a later date. The Temporary Residence Assistance grant is subtracted from the overall maximum Specially Adapted Housing grant benefit of \$63,700. For example: If a disabled veteran receives a TRA grant of \$14,000, he/she would have only \$49,700 available under the SAH grant to adapt or build a permanent residence in the future. The current grant is not a conducive benefit to disabled veterans who have temporary adaptive housing needs and ultimately will have permanent adaptive housing needs.

The GAO reported (GAO-09-637R) on June 15, 2009 to Members of Congress that VA has processed nine TRA grants since it was created on June 15, 2006 through the period ending February 28, 2009. During the same period, VA processed 2,431 SAH and SHA grants. This is a substantial difference in the number of applications for each program.

PVA recommends SAH and TRA become two separate grants due to their different objectives. This would exclude the TRA deduction from the maximum benefit of SAH and substantially increase the favorability of the TRA grant and the number of applicants. This provides a reason for veterans to use TRA and still allow them to adapt their own residence in the future. Additionally, this is something our severely disabled veterans desperately need and would provide a substantial difference in their quality of life and create less of a financial hardship on the veteran and their family.

The purpose of this hearing was to review the grants to determine if they were "meeting the needs of our injured veterans." With regard to the timeliness of the process for making a home accessible using the SAH grant or the SHA grant, it would appear that there is room for improvement. This home modification process which involves education about accessibility along with layers of approval from the VA, and construction decisions for the disabled veteran and construction approval along with the actual construction, can take 6 months to 1 year according to PVA's veterans service program. It would be disturbing to most Americans to learn that a young man or woman could go from average citizen, to an enlisted member of the military, trained, deployed to Iraq or Afghanistan, severely injured, returned to the U.S. for medical care, transferred to a military hospital or VA hospital near their home, in less time than the government can assist in making their home accessible for the disabled veteran to live in.

During this time of conflict with more veterans needing adaptive housing to return to their civilian life, perhaps this process should be improved to make the next phase of the seriously disabled veteran's life, easier than the current process.

I would like to thank you again for your concern with these important programs. Also, thank you for providing the recent increase in the SAH and SHA grants along with their index in total funding value. This concludes my testimony and I would be pleased to answer any questions you may have.

Prepared Statement of Thomas Zampieri, Ph.D., Director of Government Relations, Blinded Veterans Association

INTRODUCTION

On behalf of the Blinded Veterans Association (BVA), thank you for this opportunity to present BVA's legislative concerns on the Department of Veterans Affairs (VA) Specially Adaptive Housing programs. Chairwoman Herseth Sandlin, Ranking Member Boozman, and members of the Subcommittee on Economic Opportunity, thank you for the changes you already have made to these grant programs with Public Law 110-289 in the Housing and Economic Recovery Act of 2008. BVA is the only congressionally chartered Veterans Service Organization exclusively dedicated to serving the needs of our Nation's blinded veterans and their families for 64 years. BVA does have concerns over the existing programs ability though to provide the amounts for adaptive housing construction costs necessary to meet the future needs of disabled veterans. With recent headlines in *Washington Post* October 31st of the growing numbers of wounded in Operation Enduring Freedom (OEF) reaching a 1,000 total in the past 3 months, many suffering from the same various types of injuries as those evacuated from Iraq in 2007 we expect there will be many who will be entering the VA health care and benefits system in the near future so this hearing today is timely to explore what else can be done to assist these severely injured in going back home.

According to DoD Global War on Terrorism Casualties Web site, www.SIAPP.DMOC.OSD.Mil/personnel/casualty/castop from October 7, 2001 to September 26, 2009 there have been 35,850 OIF and 4,982 OEF, wounded in action or injured and this number again grows now with the current battles in Afghanistan. In addition there is the aging population of those disabled veterans from previous wars and conflicts with additional age related physical impairments, and the VA must meet their needs with these adaptive housing grants in order for them to live independently in their homes.

VA screening TBI studies find that about 60 percent diagnosed with TBI have associated visual disorders of diplopia, convergence disorder, photophobia, oculomotor dysfunction, and an inability to interpret print. Approximately 4 percent of those veterans with TBI injury result in legal blindness or have significant functional visual impairments, diagnosed as **Post-Trauma Vision Syndrome (PTVS)**. They often enter VA Low Vision Optometry clinics and are prescribed wide variety of adaptive visual technology devices and they need additional electrical wiring in their homes for both the equipment and for increased lighting. One blinded OIF army veteran related his experience in an email. "The SHA grant should be more to help house all of my equipment and for lighting. While I received \$10,000 in 2007 I actually spent \$27,000 on a 12x15 office. I needed the room because I did not have the space in my existing home for the computer, monitor, CCTV, two scanners, printer, magnifiers, and peripheral equipment needed for returning to college. It was all great adaptive technology for me, but you have to have a place to connect and store it to function independently."

It is, therefore, important that adaptive housing basic grant adjustments keep pace with residential home cost-of-construction index for each preceding year for labor and construction materials and BVA appreciated that the index was included in the most recent legislative changes for these programs by this Committee. If disabled veterans are not able to make adaptive changes to their homes, they run the risk of falls and injuries that result in expensive emergency room and costly hospital admissions.

Further if accessible housing grants are not sufficient to allow disabled veterans to live independently at home, the alternative high cost of institutional care in nursing homes will occur. The average private room charge for nursing home care was \$212 daily, (\$77,380 annual), and for semi-private \$191 (\$69,715) annually according to MetLife 2008 Survey. Even assisted living centers charges of \$3,031 month (\$36,372) rose another 2 percent in 2008. BVA would point to these more costly alternatives than VA providing sufficient adaptive housing grants for a veteran to re-

main in their home functioning independently. The caregivers of these severely injured veterans often already give up their employment to stay at home and then must confront these additional out of pocket expenses of making modifications to adapt their homes adds to the socio-economic pressures on these veterans lives if these grants are not sufficient.

CURRENT SPECIALLY ADAPTED HOUSING SERVICES

Special Home Adaptation Grant (SHA). The Special Home Adaptation (SHA) grant, on the other hand, helps service-connected veterans with specific mobility problems within the home. The SHA grant is for \$12,756. The disability must be permanent and total due to:

- Blindness in both eyes with a 5/200 visual acuity or less, or
- Anatomical loss or loss of both hands and extremities below the elbow.

Specially Adapted Housing (SAH) The SAH grant, currently \$63,780 used to assist veterans with mobility throughout their homes. It can be used for minor or major construction projects. BVA's experience has been that very few blinded veterans meet the criteria to obtain the larger SAH grant. To be eligible are service-connected veterans with a permanent and total disability due to one of the following:

- The total loss, or loss of use, of both lower extremities as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- Blindness in both eyes (having only light perception), plus a loss or loss of use of one lower extremity.
- The total loss, or loss of use, of one lower extremity together with (1) residuals of organic disease or injury, or (2) the loss, or loss of use, of one upper extremity which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- The loss, or loss of use, of both upper extremities such as to preclude use of arms at or above the elbow.

Temporary Residence Grant (TRA) This grant is now available to eligible veterans temporarily residing in a home owned by a family member. Under the VA program veterans eligible for an SAH grant would be permitted to use up to \$14,000 and those veterans eligible for an SHA grant would be permitted to use up to \$2,000 of the maximum grant amounts. BVA has limited experience with how this program meets the needs of disabled veterans who may initially return home to live with family and they need home modifications. However the recent GAO report "*Implementation of Temporary Residence Adaptation Grants*" (**GAO-09-637R**) should raise concerns about whether this program is assisting disabled veterans as intended and if the low participation rate is because any amount received is then subtracted from the total amount they are eligible for under the SAH grant. But because of current restrictions, and the limits of SHA of \$2,000 it would offer little assistance in any construction renovations considering costs to install new ceiling lighting or additional electrical outlets in any older home.

RECOMMENDATIONS

BVA recommends that Congress increase the Specially Adapted Housing SAH grant from \$63,780 and the Special Home Adaptation (SHA) amount from \$12,756 when possible up to level to meet the average national renovation cost, according to construction experts for adaptive accessible housing renovations.

Continue to provide for future automatic annual adjustments indexed to the rise in the residential home cost-of-construction index for the preceding year.

Under the Veterans Housing Opportunity and Benefits Act of 2006, Temporary Residence Adaptation (TRA), the grant can be used for changes to the residence of a family member with whom a veteran is temporarily residing but it is then deducted from total SHA thus limiting the amount for the veteran who then purchases their own home. Extending this TRA for 2 years and changes in this section to eliminate the offset might encourage more utilization of the benefit.

The current SAH requirement from the Veterans' Housing Opportunity and Benefits Improvement Act of 2006 (P.L. 109-233), June 15, 2006 used blindness of 5/200 and requirements of loss of use of both hands should be modified to permanent service connected blindness of 20/200 or less, or loss of peripheral visual fields to 10 degrees or less. The current standards now for this restrict helping those returning OIF and OEF functionally blinded veterans and some TBI veterans with visual impairments requiring assistance and adaptive technology because they would never qualify for this current 5/200 standard leaving them with no grants.

VBA now requires an eligible veteran to submit additional applications for the auto grant and special adaptive housing grants even though their eligibility has al-

ready been established at the time of the service connected rating, this causes unnecessary reapplications and further delays in receiving approval of these auto grants and special adaptive housing grants, plus adds to growing claims back log. BVA requests congress ensure that Veterans Benefits Administration (VBA) automatically provide "certificates of eligibility" for auto grant and special adaptive housing at the time of the service connection rating decision, with instruction booklets on the programs be mailed to the veteran at the same time as the notification of permanent service connection rating letter.

CONCLUSION

Chairwoman Herseth Sandlin and Ranking Member Boozman, BVA again expresses our thanks for the recent changes that the VA Committee has made to these various grant programs in the past couple years. Those severely disabled from all previous wars accessing the adaptive housing grants programs necessary to live independently in their own homes must have adequate grants to meet the costs of renovations. BVA appreciated the opportunity to testify today and I will be glad to answer any questions now.

Statement of John S. Gonsalves, President and Founder, Homes For Our Troops

Executive Summary

Improvements in battlefield medical care have resulted in more severely injured troops surviving, for which we are all thankful. But their more severe injuries require a wide array of special adaptation design, equipment and technologies.

Homes for Our Troops has been building specially adapted homes for 5 years, and it incorporates into each home the adaptations necessary for each veteran based on the veteran's specific injuries. The VA's handbook for designing a specially adapted home is focused on wheelchair-bound veterans, but in these current wars we are seeing many severe injuries that do not require a wheelchair but nonetheless require numerous special adaptations not addressed in the VA's handbook.

We also know that the current grant amount of \$60,000 is wholly inadequate to acquire an adapted home, and is often not even adequate to pay for the significant modifications needed for veterans who come back from Iraq and Afghanistan with severe injuries.

Issues to Be Addressed

1. The Specially Adapted Housing Grant (SAH Grant) has not kept pace with the cost of a home. The grant equaled 64 percent of the cost of a new home in 1974, but today it equals just 20 percent of a new home cost. The grant amount is wholly inadequate to obtain a new home or to even make significant adaptations to an existing home.
2. The SAH Grant covers only 50 percent of the cost incurred by the veteran.
3. The VA's current pamphlet for specially adapted housing design does not provide any guidance for adaptations required to adapt homes for veterans with "non-wheelchair" injuries such as loss of both arms, or combinations of injuries such as loss of legs and arms, or loss of limbs combined with blindness or deafness.
4. There needs to be greater flexibility in home design so that each home includes adaptations specifically designed for each veteran's specific injuries and unnecessary adaptations are not mandated in order to receive the grant.

Recommendations to Address These Issues

1. Increase the SAH Grant to at least \$187,000 to reflect housing cost increases and to make it a meaningful amount that can provide the full scope of appropriate adaptations.
2. Have the grant cover 100 percent of the cost incurred up to the maximum grant amount.
3. Revise the VA's Handbook for Design to incorporate the large number of new adaptations and technologies now available for not only wheelchair-bound veterans but also for veterans with a wide range of injuries.
4. Create a home adaptations checklist to match available adaptations to each veteran's specific injuries so that he or she receives all the appropriate adapta-

tions, and is not required to include adaptations that are not necessary for their injuries.

Homes For Our Troops' Congressional Testimony, November 19, 2009

Chairwoman Sandlin and members of the Subcommittee on Economic Opportunity, I would like to thank you for the opportunity to speak with you today about the Specially Adapted Housing (SAH) Grant provided by the Veterans Administration.

As the president and founder of the non-profit organization Homes for Our Troops, my organization and I provide specially adapted homes to our most severely injured veterans returning from the wars in Iraq and Afghanistan. To date, we have provided specially adapted homes for 47 servicemen and their families, and we are in the process of providing specially adapted homes to 34 more, with our waiting list growing daily.

The services we provide are done at no cost to the veterans we serve, and the majority of the services provided thus far have been in the form of a newly constructed, specially adapted homes.

Who We Serve

The veterans we serve are among the most severely injured in the wars in Iraq and Afghanistan. Their injuries include amputations, paralysis, spinal cord injuries, traumatic brain injuries, blindness, and those with severe burns. Many have more than one of those injuries. More often than not, they are young, with young families who previously lived in military or rented housing that was not adapted to meet their current needs.

The SAH Grant provides a valuable service to our servicemen and women. However, the value of that service is diminishing in the face of economic changes.

Also, with medical advances on the battlefield resulting in more severely injured veterans surviving, and with technological advances in the housing industry now available to adapt homes to address these severe disabilities, the design, equipment and technologies included in the grant needs to be revisited to ensure that the true potential of "Specially Adapted" is realized.

The Changes We Would Recommend

As discussed more fully below, we respectfully recommend the following changes to the SAH Grant.

1. Increase the amount of the grant to reflect higher home prices and to meet the cost of supplying the full range of appropriate adaptations.
2. Remove the limitation that only 50 percent of the cost incurred is reimbursed.
3. Increase the scope of included adaptations and create a full list of available adaptations and the injuries these adaptations address so that a checklist is available to match each home design to each veteran's specific injuries.

Diminishing Value of the SAH Grant

Perhaps the best way to describe the greatest impact to the SAH Grant's ability to help our severely injured veterans is to summarize the diminishing value that the grant contributes to the construction of a new home since the end of the Vietnam War.

In 1974, the SAH grant was equal to 64 percent of the average new home sale price. A grant for that percentage of the home cost, combined with the relatively low cost of homes in the 1970's, made a substantial difference in the ability of disabled servicemen and women to obtain a home suited to their disabilities.

Since 1974, the SAH grant has simply not kept pace with the increasing price of homes. Exhibit A provides historical information on the SAH grant and new home prices back to 1969, and shows that the grant as a percentage of new home prices has decreased from a high of *64 percent* in 1974 to *just 20 percent* in 2008.

The average new home price increased 6.1 percent per year since that 1974 highpoint, while the grant has increased only 2.6 percent per year. If the SAH Grant had grown at the same rate as home prices since 1974, the grant would now be \$188,000, not \$60,000.

Inadequacy of the \$60,000 limit of the SAH Grant

The national cost of building a new home averaged \$293,000 in 2008. The homes needed by these veterans are more expensive than the average because they require adaptations and specialized construction that increases the cost as compared to a

“basic” home. Because of this, we have averaged about \$343,000 for the cost of building new homes that are fully specially adapted based on the veteran’s injuries and disabilities.

Limiting the grant to \$60,000 means that, on average, these young men and women will need to borrow \$283,000 to purchase a home that accommodates the handicaps caused by their severe injuries. Many cannot qualify for a loan that size, and so they end up living with family members, in apartments that are inappropriate for their condition, in transitional housing and, in the worst cases, on the street. For those who can obtain a loan, they will have a large financial burden on their shoulders for the next 30 years.

The \$60,000 grant is thus wholly inadequate to provide a new specially adapted home.

Even for veterans who own a home, the cost to adapt it is often significantly higher than \$60,000. As an example, Marine Cpl. Mark Byers of New York owned a home, but he lost both an arm and a leg in Iraq that required the addition of a master bedroom and bathroom that was both wheelchair accessible but also included adaptations to address the challenges faced due to his lost arm. Homes for Our Troops put on a relatively small addition of 500 square feet of living space that included the bedroom, bathroom a roll-in closet, and also with a related 500 square feet of unfinished basement expansion, and the cost for even this relatively small amount with all the required adaptations cost \$150,000.

Reimbursement Limit of Only 50 percent of the Incurred Cost

Another aspect of the SAH Grant that should be changed is the requirement that the grant is limited to 50 percent of the cost incurred by the veteran. In order for a qualifying veteran to receive the full \$60,000 SAH Grant, the veteran must show a cost of \$120,000 in home purchase price or home adaptation costs.

It should be noted that \$120,000 can do little these days to obtain and/or modify a home to meet the requirements of the SAH Grant. Over and above that, it is concerning to think that we would only reimburse 50 percent of those costs to that veteran. It would seem more appropriate that these veterans should not have to incur a cost since the price they have already paid as a result of their life-altering injuries cannot be measured in dollars.

Redefining “Specially Adapted” and Allowing Flexibility in Home Design

The VA’s Handbook for Design, in its present form, is primarily focused on the home adaptations needed for wheelchair accessibility. Wheelchair accessibility is of course one important area. However, the uniqueness and severity of certain injuries requires that some adaptations, currently dictated as mandatory, become more flexible and occasionally omitted from the requirements in lieu of other more modern and appropriate adaptations specifically chosen for the *actual* needs of the individual veteran.

For example, the SAH Grant currently dictates specifications that mandate grab bars, countertop heights and depths, electrical outlet placements, door handle requirements and several other adaptations that benefit wheelchair bound individuals with upper body control, but provide no benefit to a quadriplegic or to a blinded, upper bi-lateral amputee.

A more preferable alternative to this would be to have a full adaptations checklist that would prescribe which adaptation design, equipment and technology are needed for differing types of injuries. As the veteran goes through rehabilitation and is trying to figure out where they will live, the specific requirements of the adaptations needed for the home can be known beforehand and can be used to design a home that is fully adapted to the veteran’s needs.

Having the scope of work defined beforehand will allow the home to be built more quickly and will insure that it contains the best available adaptations for each veteran’s injuries.

Case Study of Truly “Special” Adaptations in One of Our Home Projects

U.S. Army Specialist Russell “Kyle” Bureson was only 22 when he was shot in the left cheek by a sniper during a firefight in 2004 in Iraq while serving as a top gunner on a HMMWV. Kyle was left a C-2 quadriplegic on a ventilator and confined to an 800 pound wheelchair and the need of a hydraulic lift to lift Kyle out of his chair and his bed. Upon release from the Army and the hospital, Kyle, his wife Kristy, and their two young children had no place to move to except Kyle’s mother’s 120 year-old, 900 square foot house.

The house was small and because of its size, Kyle, Kristy and their two children lived in one room that used to be his mother’s living room. Because of the size of Kyle’s wheelchair, Kyle was confined to that one room and could not move to other rooms in the house. And because of the size of the hospital bed, the size of the

wheelchair, and the size of the other equipment like the hydraulic lift and the ventilator, Kyle could not move his chair at all, except to wheel out the double-doors they installed, that lead to the front porch of the house and a wheelchair ramp.

Living conditions were very tough for this young family that had already sacrificed so much, and because of these conditions, conducting some of Kyle's recommended therapies and exercises became too much of a burden, and Kyle's health deteriorated.

To say that this situation is unacceptable is a significant understatement.

Kyle and Kristy could not afford to build their own home, nor was the SAH Grant a sufficient monetary contribution to their financial resources to allow them to build a home specially adapted to meet his many needs. The family lived in those conditions until we built a home for them in 2006. Although we conformed to unneeded adaptations like grab bars, fixture placements and countertop heights, we also focused on other special adaptations necessary for Kyle's situation.

Because Kyle is confined to a large wheelchair and on a respirator, and because he lives in a rural area of Louisiana where tornadoes, hurricanes and severe weather often occur and result in power loss, we also adapted his house with those concerns in mind.

To meet those concerns:

1. A back-up generator was installed, so that Kyle's ventilator would continue to function during extended power outages.
2. The walls of the house and the walls of the master bedroom were constructed of insulated concrete forms to provide a safe haven and a bunker for his family during a tornado or hurricane.
3. Simonton Windows, one of our corporate sponsors, donated their Stormbreaker Plus, shatter-proof storm resistant windows to protect the family from flying debris.
4. Knowing that a majority of Kyle's time would be spent in his house and basically become "his world," we constructed a large open floor plan for ease of movement and greater freedom.

Had we not constructed a home for Kyle and his family, they would still be living in the same conditions, a thought that we find intolerable.

Closing Summary

I would like to express my gratitude for the efforts of this Committee, the efforts of the Veterans Administration and all who are involved in aiding our veterans.

The SAH Grant is a much needed service that is provided to our severely injured veterans, but the amount of the grant is inadequate. Also, the implementation of a process to identify the available adaptation design, equipment and technologies must be implemented to make the home design process more streamlined and thorough.

Homes for Our Troops will gladly assist the Veterans Administration in developing new criteria and technologies for inclusion into the requirements of the SAH Grant using the knowledge we have acquired building homes over the last 5 years for veterans with a significant variety of severe injuries.

Chairwoman Sandlin and members of the Subcommittee on Economic Opportunity, I would again like to thank you for the opportunity to speak with you today. I would be happy to answer any questions that you might have and provide any additional information that you might need.

Exhibit 1 Homes For Our Troops Historical Comparison

Specially Adapted Housing Grant vs. Average New Home Sales Prices*

Year	SAH Grant	Average New Home Price	Grant As % Home	Grant % Increase	Home Price % Increase
1969	12,000	28,000	43%	—	—
1972	18,000	31,000	58%	50%	11%

**Specially Adapted Housing Grant vs. Average New Home Sales Prices*—
Continued**

Year	SAH Grant	Average New Home Price	Grant As % Home	Grant % Increase	Home Price % Increase
1974	25,000	39,000	64%	39%	26%
1978	30,000	63,000	48%	20%	62%
1981	33,000	83,000	40%	10%	32%
1984	35,000	98,000	36%	6%	18%
1988	38,000	138,000	28%	9%	41%
1998	43,000	182,000	24%	13%	32%
2001	48,000	213,000	23%	12%	17%
2003	50,000	246,000	20%	4%	15%
2008	60,000	293,000	20%	20%	19%

*This table takes each year there was a change in amount of the SAH grant and compares it to the average new home sales price for that year.

Percent Increase from 1969 to 2008:

SAH Grant 400 percent
Home Price 946 percent

The SAH Grant would need to be increased from \$60,000 to \$187,000 to maintain the highest ratio of grant amount vs. home price of 64 percent in 1974.

Note: Home Price data was derived from U.S. Census Bureau historical reports.

**Statement of Mark Bologna, Director of Loan Guaranty Service,
Veterans Benefits Administration, U.S. Department of Veterans Affairs**

Madam Chairwoman, Ranking Member Boozman, and Members of the Subcommittee, I appreciate the opportunity to appear before you today to discuss VA's Specially Adapted Housing (SAH) program.

Specially Adapted Housing Grant Program

The SAH grants for severely disabled Veterans are among the most important of the benefits that the Loan Guaranty Service provides. Eligible Veterans may use the grant from VA to purchase or construct an adapted home or adapt an existing one to meet their needs. Through the SAH Grant Program, thousands of Veterans have been afforded a level of independent living they may not have otherwise enjoyed.

Types of Grants

VA administers three types of grants under the SAH program. To be eligible for a grant, a Veteran or servicemember must be entitled to VA compensation benefits for permanent and total service-connected disabilities. Amounts of assistance are subject to aggregate maximums, and no individual may receive more than three grants of assistance under the SAH program.

- **The Adaptive Housing (AH) grant** is available to individuals whose disabilities are due to blindness in both eyes, the anatomical loss or loss of use of both hands, or severe burns. With the enactment of Public Law 110-289, the maximum amount of assistance is now tied to an annual cost-of-construction index, and was recently increased by 6.3 percent from \$12,000 to \$12,756. The AH grant may be used to purchase, construct, or adapt a home owned (or to be owned) by the eligible individual or a member of his or her family.
- **The Paraplegic Housing (PH) grant** is available to severely disabled individuals who are entitled to assistance due to the loss (or loss of use) of both lower extremities, or the loss (or loss of use) of both upper extremities. The law also provides eligibility based on other types of injuries, such as blindness and loss (or loss of use) of one lower extremity, or severe burns. The maximum amount

of assistance for this grant is also adjusted annually, and was increased from \$60,000 to \$63,780 on October 1st. Unlike AH grants, which may be used to adapt the home of a family member, PH grants are only available to purchase, construct, or adapt a home owned (or to be owned) by the eligible individual.

- **A Temporary Residence Adaptation (TRA) grant** is available to an eligible individual who is temporarily residing with a family member, and is otherwise eligible for a PH or AH grant. An individual eligible for a PH grant may receive up to \$14,000; an individual eligible for an AH grant may receive up to \$2,000. If an eligible individual uses a TRA grant, the amount is deducted from the aggregate amount of assistance available for PH or AH grants. Use of a TRA grant also counts against the individual's limit of three grants. Unlike the PH and AH grants, VA does not have the authority to adjust these amounts to keep pace with increases in the cost of construction. As a result, the dollar amount of TRA grants will constitute a smaller and smaller percentage of the aggregate amount of assistance over time.

I've included with this statement a table that summarizes the above-described grants, including the maximum amounts available and the qualifications for each.

Current Outlook

Since the inception of the SAH program in 1948, VA has provided over 30,000 grants, totaling \$805 million. Between fiscal years 1989 and 2006, VA provided an average of 500 grants per year to severely disabled veterans. VA approved 724 grants in fiscal year 2007, 1,018 grants in fiscal year 2008, and 1,270 grants in fiscal year 2009, an increase of more than 140 percent from 2006 to 2009. VA expects this upward trend to continue.

Assessment of Adequacies

As discussed in VA's Report to Congress published on August 28, 2009, Congress has made a number of legislative changes to this program in recent years, including: increasing the AH and PH grant amounts; providing authority to align the grant amount to an index; authorizing grants outside of the United States; creating the TRA grant; and extending eligibility for TRA grants to active-duty servicemembers. Most notably, Congress changed the program from a one-time to a three-time use program. This change has allowed individuals to make additional adaptations to their homes or upgrade existing adaptations. If they move to other homes, and have remaining eligibility, they may now use the program to adapt the new homes as well. These legislative changes have significantly improved the benefits available to severely injured Veterans and servicemembers and have increased the overall flexibility of the SAH program.

However, as noted in the August report, there are statutory inadequacies that may prevent a number of individuals from receiving much-needed SAH assistance. Today I will highlight just two. According to VA's 2007 Survey of SAH Grantees, most AH grant recipients indicated that the grant amount was not enough to cover the full cost of adaptations. As a result, they may have incurred significant out-of-pocket expenses or had to rely on the generosity of others to adapt their homes. In other cases, Veterans or servicemembers who have service-connected conditions that may benefit from home adaptations are not eligible due to the fact that the law specifies a finite list of qualifying disabilities for these programs.

Extension of Temporary Residence Adaptation Grants

Congress created the TRA grant in June 2006, and extended this benefit to active-duty servicemembers in July 2008. To date, there has been limited usage of TRA grants. Since the inception of the TRA grant, VA has fully disbursed 12 grants and has approved an additional 5 for processing. There are several factors that may explain why so few eligible individuals have chosen to use this valuable benefit. First, GAO reported that several Veterans Service Organizations believed the number of Veterans and servicemembers whose living situation is appropriate for TRA could be very small. Second, severely injured servicemembers often face a difficult transition when returning from combat and may not be ready to make plans for their living situation. Consequently, these eligible individuals may delay or opt out of using the TRA benefit. Third, the TRA grant also has limitations for an individual who is residing with a family member, but ultimately plans to purchase, construct, or adapt his or her own home. As previously noted, when an eligible individual uses a TRA grant, his or her opportunity to receive future assistance is limited in two ways. The amount of the TRA grant is deducted from the aggregate amount of assistance available to the individual for future AH or PH grants. Additionally, use of a TRA grant counts as one of the three total grants of assistance available to an eligible individual under Chapter 21. As a result, an individual is advised to con-

sider his or her future plans to use an AH or PH grant before deciding whether to use a TRA grant. In addition, the GAO report noted comments from Veterans Service Organizations that additional outreach to servicemembers and Veterans about the TRA benefit could potentially increase its use. Currently, VA contacts all OEF/OIF servicemembers within 48 hours of eligibility determination to explain the program. Additionally, VA contacts all Veterans who have previously applied for but not used SAH benefits at least once a year to remind them of their eligibility and to provide updated information about the benefits available to them. We will continue to look for opportunities to increase use of this benefit.

Handbook for Design

The Subcommittee also requested information about VA's *Handbook for Design: Specially Adapted Housing*, VA Pamphlet 26-13. VA worked in conjunction with a graphics designer to update the pamphlet. Additionally, VA requested advice from Carol Paredo Lopez, National Architecture Director for the Paralyzed Veterans of America, on the revisions. VA published the pamphlet on its Web site in October, and will work with the industry to regularly update the guidance offered in this pamphlet.

Madam Chairwoman, this concludes my testimony. I appreciate the opportunity to be here today, and I look forward to answering your questions.

Appendix—Program Summary

Grant Type	Eligibility	Living Situation	Ownership	Number of Grant Usages	Grant Amount & Cost-of-construction Index
AH Grant	<ul style="list-style-type: none"> Blindness in both eyes with 5/200 visual acuity or less. Anatomical loss or loss of use of both hands. Certain severe burns 	Permanent	Home owned by eligible individual OR family member	Maximum of 3 uses	\$12,756 for FY 2010 (adjusted annually)
PH Grant	<ul style="list-style-type: none"> Loss of mobility Loss or loss of use of both lower or upper extremities. Certain severe burns 	Permanent	Home owned by eligible individual		\$63,780 for FY 2010 (adjusted annually)
TRA Grant	Based on eligibility for PH or AH grant.	Temporary	Home owned by family member	Maximum of 1 use (counts against aggregate amount of assistance and three-time usage limit)	\$2,000 for AH eligible \$14,000 for PH eligible (not adjusted annually)

Statement of Noel C. Koch, Deputy Under Secretary of Defense, Wounded Warrior Care and Transition Policy, U.S. Department of Defense

Ms. Chairwoman, Ranking Member Boozman, and members of the Subcommittee, thank you for the opportunity to provide written testimony about the VA's home adaptation program for Wounded Warriors.

The Department of Defense is responsible for any modifications to DoD-owned family housing, unaccompanied housing, and lodging to meet the medical needs of Wounded Warrior occupants. In the case of privatized housing or leased housing, DoD actively engages the landlord to see if the medical needs of a Wounded Warrior tenant can be met, and if not, DoD will relocate the member to housing that meets their medical needs. Standards for such "medical hold housing" were issued by Deputy Secretary of Defense Memorandum dated September 18, 2007. Depending on the medical condition of the member, the housing may need to comply with accessibility standards, as specified in the Memorandum. Accessibility features could include features such as ramps, wider doors, lower height counters and sinks, roll-in showers, grab bars, emergency pull switches, door handles in lieu of knobs, modifications to the fire and smoke detector systems, and special furniture. Additional features, such

as special carpeting and furnishings patterns, could be necessary for members with Traumatic Brain Injuries and/or Post Traumatic Stress Disorder. Also, special toilet modifications may be necessary for members with hand or arm injuries.

One way the Military Services are made aware of a recovering servicemember's needs is through the development of a Comprehensive Recovery Plan. This plan is created by the Recovering Servicemember's Recovery Care Coordinator and Recovery Team. The Comprehensive Recovery Plan is the Recovering Servicemember's roadmap for recovery, rehabilitation and return to duty or reintegration into the community. The needs of the Servicemember and family are incorporated as goals into the Recovery Plan. If one of the identified needs is adaptive housing the Recovery Care Coordinator obtains information on adaptive housing through the National Resource Directory, the Department of Veterans Affairs (VA), as well as programs sponsored by Veteran Service Organizations and non-profits. Additionally, to meet the housing needs of our Wounded Warriors, the Marine Corps has modified base housing at both Wounded Warrior Battalion East (Camp Lejeune, NC) and Wounded Warrior Battalion West (Camp Pendleton, CA).

The National Resource Directory (NRD) Web site (www.nationalresourcedirectory.gov) features over one hundred links to information on homes that are modified to be accessible to people who are injured or disabled. The links on the NRD direct users to adaptive housing information from the Departments of Defense and Veterans Affairs as well as programs sponsored by Veteran Service Organizations and non-profit organizations. To strengthen the role of the Recovery Care Coordinators in Servicemembers' transition, these Care Coordinators receive standardized training addressing sixteen areas of need to include adaptive housing. Practical exercises on developing goals and addressing needs are conducted during the training, which includes scenarios involving acquiring adaptive housing for the Recovering Servicemember. Authority to modify or adapt a Wounded Warrior's privately owned house is under the jurisdiction of VA.

Madam Chairwoman, I appreciate the opportunity to explain what the Department of Defense is doing to support housing adaptability with our Wounded Warriors.

Statement of John S. Lewandowski, President/Chief Executive Officer, Disabled Veterans Committee on Housing

Chairwoman Sandlin, Honorable John Boozman and Members of the Subcommittee on Economic Opportunity, I would like to thank you for the opportunity to submit testimony to the Committee. I would be happy to answer any questions you might have and provide additional information you may need.

Organization Background

I started Disabled Veterans Committee on Housing—a 501(c) (3) nonprofit organization—program because there are so many disabled veterans needing accessible homes who do not know how to achieve this goal. I am a 100 percent disabled Veteran with loss of use of lower extremities. All members of the DVCH Board of Directors are disabled veterans. Their knowledge and experience are of great value to the DVCH and those we serve.

The principal goal of the DVCH is assisting, in any way we can, all disabled veterans who have served our country with pride and honor but returned with a debilitating injury such as the loss of the use of lower and upper extremities, are paraplegic or quadriplegic, or suffer from TBI (Traumatic Brain Injury). We can only imagine what they suffer each and every day. We help improve the quality of their lives by building them the home that meets the requirements associated with their disability. The DVCH Web site, www.DVCHVets.org, provides in-depth information on a wide range of housing and other veteran's subjects.

The DVCH mission is to—***“Provide the highest quality specially adapted home at affordable prices for those who require a greater level of access and mobility.”***

The DVCH believes that significantly increasing the inventory of accessible housing is dependent on expanding the public and private-sector partnerships it has formed in Virginia and will expand to other States in 2010. The DVCH has partnered with a wide range of private sector firms (banks, builders, real estate firms, developers, building suppliers, etc.) who have proven track records of providing the services needed by veterans so they can obtain the housing that is both needed and deserved. Our builders have been approved by the Veterans Affairs Spe-

cial Adapted Housing Section. This is extremely important as these companies have the knowledge to successfully comply with IAW Special Adapted Housing Policies and Procedures.

The DVCH carries out a comprehensive program aimed at providing new affordable and accessible housing for disabled veterans throughout Virginia. This is an extremely important initiative as there are so many disabled veterans who qualify for VA housing grants and can obtain financing but are not building new accessible homes because:

- They cannot identify a builder that specializes in this type of housing;
- Need help in deciding on the floor plan including the special adapted features they need to accommodate their disability;
- Do not know how to obtain financing including grants and other forms of assistance they are entitled to; and
- Need assistance in locating and purchasing affordable land.

The DVCH “ONE STOP SHOP” program was developed so disabled veterans can become as independent as possible in their home through a remodel of their present living space or, if that is not possible, then seeking grants so they can move into a new home built to their specific needs. If the veteran’s injury is service connected they may qualify for a special adapted housing grant which can dramatically reduce the cost of the home remodel or construction of a new home. The DVCH also works with local Department of Veterans Affairs medical officials to determine what medical equipment can be provided to the veteran at NO COST TO THEM.

DVCH staff work with each disabled veteran to determine and address his/her specific mobility needs. We offer clients a full range of services to ensure that designing, financing, lot selection and other aspects of the new home process are as simply and efficiently carried out as possible. Our project team also assists veterans by completing loan applications, with assistance in credit repair, and in applying for government and other disability grants. We typically meet directly with the client in his or her home or wherever is most convenient. All homes offer a wide range of accessibility options, and can be modified to meet their specific medical needs.

“Adapted Housing Grants” Recommendations

1. The current grant amount of \$60,000 is wholly inadequate.

The DVCH enthusiastically supports the recommendations submitted by the Homes for Our Troops.

We concur that the current grant ceiling amount of \$60,000 is wholly inadequate to cover the current costs of acquiring a SAH and as Mr. Gonslaves stated in his testimony “... often (the grant is) not even adequate to pay for the significant modifications needed for veterans who come back from Iraq and Afghanistan with severe injuries.”

2. The draws which are **currently 3 for the life of the veteran needs to be increased to 6 for the life of the veteran.**

The reasoning is that veterans continually need to make changes in their homes as their medical condition changes. Then there are the financial needs associated with periodic **replacement and/or updating** that a home requires so it is properly maintained. If the draw number is not increase this means that many veterans will do without the housing that meets their medical needs.

3. There is a need for more trained personnel in the Specially Adapted Housing Branch of the Regional Offices. As of today, it can take anywhere from **8 weeks to 8 months** to process a veterans application. Such a lengthy delay is an injustice to the veteran who has given so much to our country. Can’t we better serve them by cutting down these long wait times?

4. There is a need to establish a branch within the Department of Veterans Affairs where service-connected injury/illness veterans can obtain approval for construction funding to build their homes and not have to go through the lengthy process—many times unsuccessfully—with private lenders to gain this type of financing.

Those who have service-connected injuries/illness are paid through the Veterans Compensation Board and Social Security. The Board can help the veteran with construction loans, end loans, closing costs, escrow accounts, etc. ***“We need to take care of the veteran through a Federal agency program. The recommended process will eliminate a great amount of red tape and delays that the veteran now has to go through. Payments could be deducted directly from the veteran’s compensation. In part,***

this system could reduce or eliminate banks foreclosing on veterans properties”.

5. The standard items allowed according to ADA specification should be changed to add items as **“required” which are now listed as “optional,”** such as the following:
 - *Backup generators*
 - *Swing away hinges on all doors (Internal & External) for the veteran access*
6. Many disabled veterans are too young to have homes of their own but require a caretaker on a 24/7 basis. Usually their family takes on this burden yet amount maximum allowed adaptive housing grant is only \$12,000. This amount needs to be increase 10 times as to retrofit a home is hugely expensive. It is important the veterans feel their government does care and therefore we ask the Committee to take action to increase the grant amount substantially this session of Congress.

Final Comment

Disabled Veterans Committee on Housing could assist many more veterans with our program if the above recommendations are implemented. We receive countless calls from veterans who want to know how to proceed on obtaining an accessible home. Sadly in so many cases, because of existing laws and policies, we are powerless to help the veteran achieve his or her goals. We can work hand in hand with the Special Adapted Housing Branches to develop comprehensive recommendations and goals to meet the ***accessibility*** and ***affordability*** requirements of our veterans.

The DVCH salutes the Army Wounded Warrior, Soldier Family Assistance Center (SFAC), the Warrior Transition Programs and the many other organizations that veterans can turn to for assistance in obtaining an accessible and affordable home. We know that many more soldiers, seamen, airmen and marines have been able to obtain the housing they need as a result of the encouragement, expertise and services these organizations offer.

Thank you Chairwoman Sandlin, this concludes our testimony to the Subcommittee and I look forward to any questions you may have.

MATERIAL SUBMITTED FOR THE RECORD

Committee on Veterans' Affairs
Subcommittee on Economic Opportunity
Washington, DC.
November 20, 2009

Mr. Carl Blake
National Legislative Director
Paralyzed Veterans of America
801 18th Street, NW
Washington, DC 20006

Dear Mr. Blake:

I would like to request your response to the enclosed questions for the record and deliverable I am submitting in reference to our House Committee on Veterans' Affairs Subcommittee on Economic Opportunity hearing on *Adaptive Housing Grants* on November 19, 2009. Please answer the enclosed hearing questions by no later than Monday, December 21, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for material for all full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively on letter size paper, single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Ms. Orfa Torres by fax at (202) 225-2034. If you have any questions, please call (202) 226-4150.

Sincerely

Stephanie Herseth Sandlin
Chairman

JL/ot

Paralyzed Veterans of America
Washington, DC.
January 8, 2010

Honorable Stephanie Herseth Sandlin
Chairwoman
Subcommittee on Economic Opportunity
Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, DC 20515

Dear Chairwoman Herseth Sandlin:

Enclosed is our response to the additional questions you submitted from the hearing on November 19, 2009, on *Adaptive Housing Grants*.

PVA would like to thank you for addressing this issue since it is an important benefit to our members. We look forward to working with you on this issue and other veterans' issues in the future.

Sincerely

Richard C. Daley
Associate Legislation Director

Question 1: One of your concerns you mentioned in your testimony is that the time it takes for a veteran to be approved for a grant, construction approval, and actual construction, can take up to 1 year. How can we streamline this process?

Answer: The first barrier may be the lack of communication between the Department of Defense (DoD) and the VA.

Permanently Disabled Servicemember Must Receive Memorandum Rating

The DoD should inform the VA of a new injury that appears to be totally disabling and permanent. Apparently this does not happen. With the assumption that the servicemember will never return to active duty, sustaining injuries such as a spinal cord injury, the VA can issue a Memorandum Rating while the servicemember is still active military in the DoD hospital. Having received that rating from the VA and DoD, the grant can be submitted to start the process. The 110th Congress passed legislation (P.L. 110-289) that allows the active duty servicemember to qualify for the SAH grant. The intention was to accelerate the process of modifying a home for the veteran to live in after medical release from the VA or DoD hospital.

If the servicemember is injured in the current conflict, that individual will have a VA Gulf War on Terror (GWOT) Coordinator assigned to their case to insure that their rehabilitation and benefits are attended to. The non Gulf War injured servicemember would continue receiving medical care in the DoD, or VA facility without individual follow-up and oversight. Often this medical care is provided for an extended period of time with the DoD personnel not realizing that the individual could be discharged from active duty to receive their continued care and applicable benefits from the VA.

In some situations because of the nature of the injury or the circumstances involved in the incident an investigation is necessary to determine if the injury was in the line of duty. A period of 60 days is allowed for this investigation. This investigation is often continually extended for a 30-day period upon request. There is no limit on the number of additional 30-day extensions requested for an investigation. An investigation of an accident involving injury is not a priority for the military. The officer assigned to the investigation will be responsible for all of their regular assigned military duties along with this investigation. Because of the lack of attention given to the investigation of the injury, or delays in obtaining necessary information from other sources, is common for this process to extend for 6 months to a year.

The DoD should place a higher priority on the investigation process and insure the injured servicemember is rated by the VA to allow them to be discharged and receive VA benefits.

Expedite Construction Process by Using VA Experienced Builders

When the servicemember is approved for the grant, it is important to find a builder/contractor that is familiar with the VA requirements for accessibility and their requirements for documentation which would include receiving payment from the VA. This process can be frustrating for a business that has never contracted with the Federal Government and specifically with the VA in the past. In some situations the disabled veteran may select a convenient local builder, or an acquaintance that is a contractor. Although they may feel comfortable with their selection, this construction project with the VA involves more than a typical residential construction job. Not only must this contractor know local and State building codes and standards and have knowledge of accessibility, this contractor must comply with all of VA's requirements.

The VA could provide a list of contractors that have successfully completed residential construction work for the VA. This would not be a recommendation, only a list of past builders, within that area, that have completed work for the VA.

The VA should develop a relationship with the National Association of Home Builders (NAHB) to educate their members on the VA's requirements for accessibility. The VA, along with the NAHB could offer a workshop for contractors who would be interested in learning their requirements. This could be offered in each region. The workshop would focus on the VA's requirements for accessibility in residential design and construction and VA's application process and other required documents. Upon completion of this workshop, those contractors will be acknowledged by the VA as having completed this training.

In the past, some PVA Chapters have used funding from the U.S. Department of Housing and Urban Development (HUD) to build wheelchair accessible apartments. These developments would offer completely accessible one and two bedroom apartments for low income disabled veterans and other members of a community. In each situation the chapter would follow the advice of the HUD Regional Office and use an experienced consultant. A HUD experienced consultant would be a person very knowledgeable of the HUD requirements and often a consultant who had previously worked for HUD. Likewise, the contractor selected to build the apartments would have had HUD experience. Although these projects would be small by commercial construction standards, \$1,000,000 to \$2,000,000 projects, they would be very frustrating, if not impossible to successfully complete without a consultant and a HUD

experienced builder. Having experience with contracting for construction projects with the Federal Government is essential.

Offer Financial Incentive for On-Time Performance

As Congress considers increasing the amount of the SAH grant, perhaps the VA could allow for a dollar amount “bonus” for completion of the project on time, and an additional bonus for completion of the project before the contracted date. This would give an incentive to the contractor to keep the project on schedule. The contractor must take into consideration that some of the construction components they will need are not available locally. Items such as a molded fiberglass roll-in shower stall, or a stair-lift or residential elevator must be ordered in advance and on occasion, will be custom made. These factors must be considered when projecting a completion date. Having built for accessible standards in the past an experienced contractor will know this.

Other Federal agencies, such as DoD, allow for a financial bonus for early completion of projects. This incentive for the contractor to finish the project within the expected time will also help to reduce medical costs for the VA by avoiding an extended hospital stay. In addition, returning home to civilian life is best for the veteran.

Increase VA Staff Level to Address Backlog

PVAs’ service officers have been informed by veterans in various regions of the country that there is currently a backlog of SAH grants waiting for VA processing. The VA testified in this hearing (November 19, 2009) that they have seen an increase of SAH grants of more than 140 percent from 2006 to 2009. They also testified they expect this upward trend to continue. The message is clear; they must train more personnel to work on housing grants. The VA should address this problem before another Subcommittee hearing is requested to “Investigate the Backlog.”

Question 2: During the testimony, you informed the Subcommittee that the current amount of the adaptive housing grants does not cover actual adaptation cost. Please provide the Subcommittee the average out-of-pocket cost from the disabled veteran.

Answer: The purpose of the grant is twofold. Congress provided this grant to assist the severely disabled veteran when purchasing a home to live in. Congress also intended this grant to pay the costs associated with making a home accessible and useable for that veteran. This can include widening doorways, installing ramps or elevators, enlarging the bathroom, or building an additional new accessible bathroom, making kitchen modifications or enlargements, purchasing accessible appliances, and creating an accessible dining area. Some of the Iraq and Afghanistan injured veterans will require additional environmental controls in their homes. A paraplegic veteran with severe burns may require additional air filtration and air-conditioning systems to maintain the exact temperature control throughout the home. This type of accommodation to a home will also require an emergency generator system to insure these medical necessary appliances remain functioning at all times.

The out of pocket cost is difficult to calculate. Every disability is unique and requires specific accommodations and modifications to allow the veteran to maximize their life. When a veteran is building a new home, the site is appropriately selected and the accessibility can be designed and built into the home. A new home may not be economically feasible for a veteran that may choose to live in the home they previously owned or buy an existing home. If that home is not accessible from the ground level, an elevator or ramp will be required to enter the home. This cost along with the previously discussed modifications far exceeds the current \$63,780 provided by the grant.

The cost for a veteran to purchase or modify a home to meet their accessibility and medical needs varies widely throughout the Nation. The SAH grant should take that into consideration. This housing-construction cost variation differs widely from standard metropolitan areas more so than by basic regions of the country. It can vary significantly within one region or State. For an example use the State of Illinois which has 750,000 veterans living within it. For a disabled veteran to buy, build, or modify a home in the Chicago, Illinois metropolitan area requires significantly more money than it would 175 miles south in the Capitol of Springfield, Illinois.

Another factor that must be considered is in the northern half of the United States the disabled veteran’s accessible van will require a carport or a garage to protect it from any snow and ice accumulation which could affect the sophisticated door and lift equipment and the hydraulic lowering and leveling of the van body for successful entry. The cost for a garage which would insure a veteran could use their van during winter months in South Dakota must be factored into that grant.

In the hearing Mr. John Gonsalves, President of Homes for Our Troops, presented helpful information. His perspective was from a builder that is knowledgeable of current construction costs. He reported that the average new home price is approximately \$293,000 (2008). The current SAH grant equals approximately 20 percent of that value. With the understanding that this SAH grant of \$63,870 is inadequate, a substantial increase in the total dollar amount for the grant would be appropriate. Unlike some benefits, a qualified veteran will not always use the maximum allowed to modify their home. A veteran realizes that making major modifications in a home does not increase the value of that home, in most cases reduces the value of their largest asset. Some qualified veterans have never used this grant, perhaps for that reason. When a disabled veteran decides to make their home useable for themselves and their families, the burden should not be on the veteran. Congress should restore the grant amount to the equivalent percentage of the cost of a new house that would be equal to the rate when the SAH grant was originally enacted.

Committee on Veterans' Affairs
Subcommittee on Economic Opportunity
Washington, DC.
November 20, 2009

Mr. Tom Miller
Executive Director
Blinded Veterans Association
477 H Street, NW
Washington, DC 20001

Dear Mr. Miller:

I would like to request your response to the enclosed questions for the record and deliverable I am submitting in reference to our House Committee on Veterans' Affairs Subcommittee on Economic Opportunity hearing on *Adaptive Housing Grants* on November 19, 2009. Please answer the enclosed hearing questions by no later than Monday, December 21, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for material for all full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively on letter size paper, single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Ms. Orfa Torres by fax at (202) 225-2034. If you have any questions, please call (202) 226-4150.

Sincerely

Stephanie Herseth Sandlin
Chairman

JL/ot

Blinded Veterans Association
Washington, DC.
December 1, 2009

<p>The Honorable Stephanie Herseth Sandlin Chair, VA Subcommittee on Economic Opportunity 335 Cannon House Building Washington, DC 20515</p>	<p>Congressman John Boozman Ranking Member, VA Subcommittee on Economic Opportunity 333 Cannon House Building Washington, DC 20515</p>
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Dear Chair Herseth Sandlin, Ranking Member Boozman,

The Blinded Veterans Association appreciates the chance to provide responses to your Committee follow up questions at the VA Subcommittee Economic Opportunity hearing held on Thursday, November 19, 2009. Your question pertained to adaptive housing program benefits for veterans and contained two parts: 1) What unique needs does a visually impaired veteran have that other service disabled veterans

may not, and 2) How should the Handbook for Design: Specially Adapted Housing, VA Pamphlet 26-13 be updated? Because of Congressman Boozman's interest in the testimony on visual impairments BVA wanted to share the responses.

In my testimony, I indicated that BVA supports increasing the amount VA SAH and SHA grants provide for eligible disabled veterans for adaptive housing changes so veterans are able to live independently. We realize that budgetary issues impact this process, but the costs of long term nursing care as alternative to one time housing construction grant should be carefully considered in moving forward. For the returning OIF and OEF veterans with Traumatic Brain Injury (TBI) and with severe penetrating eye injuries with visual complications, the current policy restricts them with the standard of 5/200 and prevents approval of any grants which is a real hardship. Current American Academy Ophthalmology AAO and American Optometric Association AOA use ICD codes for describing visual impairments to define legal blindness as 20/200 or less, or those with 20 degrees of visual field or less, and is same standard that all 50 States use and Social Security Administration determinations for blindness.

DISEASE DEFINITION

Low vision describes a level of visual impairment characterized by useful residual vision that is less than normal. It is not a single disease condition but may result from many different ophthalmologic and neurological disorders and may cover a wide range of visual impairments. It is most commonly described in terms of remaining visual acuity and visual field. The ICD-9-CM divides low vision into five categories.

Moderate visual impairment: best-corrected visual acuity is less than 20/60 (including 20/70) to 20/160.

Severe visual impairment: best-corrected visual acuity is less than 20/160 (including 20/200) to 20/400, or the visual field diameter is 20 degrees or less (largest field diameter for Goldmann isopter III4e, 3/100 white test object, or equivalent).

Profound visual impairment: best-corrected visual acuity is less than 20/400 (including 20/500) to 20/1000, or the visual field diameter is 10 degrees or less (largest field diameter for Goldman isopter III4e, 3/100 white test object, or equivalent). Total blindness is no light perception (LP absent).

Severe visual impairment in both eyes is the minimum requirement to be considered legally blind, which has traditionally determined SSDI or other disability benefits in the United States. Individuals with at least severe visual impairment therefore qualify as an extra dependent for Federal income tax purposes and are entitled to other benefits that vary from State to State. The terms "severe visual impairment" and "profound visual impairment" are much preferred to "legal blindness" because they are far more descriptive, indicating accurately that some useful vision remains. For rehabilitation services, the term "blindness" should be reserved for total vision loss.

In response to the Pamphlet for Design Specially Adapted Housing, attached is some common construction recommendations used. BVA has sought change in VHA for more screening of TBI for vision dysfunction as it relates to diagnosis, treatment, and rehabilitation of these veterans. Veterans with visual impairments do not require the wide doorways and common physical structure changes for wheel chairs that spinal cord injured require. Often what is needed is different lighting in rooms, hallways, stair wells, and outside entrances, with additional electrical outlets and counter top space for adaptive technology devices. Contrast in flooring and with different color patterns help visually impaired veterans in safer mobility. Contrast sensitivity refers to the ability to detect differences between light and dark areas; therefore, if you are an individual with low vision, increasing the contrast between an object and its background will generally make the object more visible. Enhancing contrast is one of the simplest, least expensive, and most effective home modifications you can implement.

BVA would appreciate your continued strong leadership in making positive changes for our Nations' disabled veterans. Changes in this program for blinded or visually impaired disabled veterans would improve safety and independence. The VA witness at the hearing has indicated an interest in making changes to pamphlet

and housing benefits so catastrophically disabled veterans that need adaptive housing grants are provided them.

Sincerely,

Thomas Zampieri, Ph.D.
Director, Government Relations

Below are some suggestions for either medical office building, clinic, or home adaptations for veterans who are either blind or have low vision problems. For those veterans with Traumatic Brain Injury adaptive lighting is often problem because of light sensitivity (photophobia) and they often require Rheostat lighting (adjusting light level switches) in your rooms that is needed since each individual may have different tolerance levels to lighting.

There are also books that are available through ADA and National Highway and Traffic that give great suggestions and requirements for building codes.

AER and American Printing House APB, also has books available that provide helpful hints.

Building Configuration Suggestions for individuals who are Blind, Visually Impaired, and have Visual Processing Deficits

This list is by no means all encompassing.

BLIND:

1. 90 degree angles are easiest for orientation and to maneuver
2. Reduce wide open spaces for orientation and also because of the effect on ambient noises for orientation purposes
3. Use sound clues for orientation purposes (water feature, talking elevators) for office buildings
4. Use tactile changes when transitioning from one area to another to indicate a change. Tactile bumps at front areas and dangerous areas such as loading docks will indicate that a person should stop.
5. Use boundaries such as doors to indicate the separation of one area from another (such as on a unit). This also helps a person when traveling along a common area moving from one area to the next so that they do not veer into each
6. Work with traffic engineers in the area for tactile bumps at street crossing and accessible pedestrian signals. Sidewalks to areas of interest in the immediate area will improve independence and use of orientation and mobility skills to function in the community.
7. Check guide wires and signs in the area to ensure that they comply with regulations on height and projections
8. Signs have building requirements of the height and projection that is safe in a building so that blind individuals do not run into signs. Also do not mount televisions or other projections in areas where they would be at head height. In the case that these already exist, place a permanent piece of furniture (bolted preferably so that it cannot be moved) under the area so that an individual who is blind cannot miss the projection with the long cane and hit it with his/her head.
9. Provide security precautions for dangerous areas: stairs, loading docks that will indicate when a person may have wandered into a dangerous area (sounds, alarms, video monitoring)
10. Ensure that kitchen does not have a Flat Top stovetop
11. Ovens at both the higher and lower levels can provide educational experience for patients but also allow the therapist to work with a patient on a safe level for him/her if balance is an issue and/or a patient is working from a wheelchair and cannot safely reach to a higher level.

LOW VISION: Individuals with 20/100 or worse visual acuity

1. Provide high contrast. Black and white work best
2. Reduce glare with large open natural lighting areas. Individuals with traumatic cataracts will experience great difficulty in this area due to the light scattering effect of the cataract.
3. Do not have dark areas and bright areas contiguous with one another as the drastic light changes will impair a person's functional vision drastically.
4. Reduce visual clutter by using clean lines and reduce patterns.

5. Have furniture contrast with floors. Put dark blankets on the beds to make the furniture and bed in the patient's room stand out against the floor.
6. Provide variable lighting in the rooms and treatment areas to reduce eye discomfort from light sensitivity, photophobia
7. Have signs in high contrast and large print. Use a font that is very basic as a very ornate print will be difficult to read.
8. Contrasting handrails and lines on the floor.
9. Have highly visible landmarks to indicate different areas of the hospital or clinic.

About Color

Although many people who have low vision can also experience decreased color perception, it is still possible to use color to enhance independence, safety, and accessibility.

Keep the following color principles in mind as you evaluate your home:

- Bright colors are generally the easiest to see because of their ability to reflect light.
- Solid, bright colors, such as red, orange, and yellow are usually more visible than pastels.
- Lighting can influence the perception of color: Dim light can “wash out” some colors, while bright light can intensify others.

Also keep in mind that distinguishing colors within each of the following groups may be more difficult for some individuals who have low vision:

- Navy blue, brown, and black
- Blue, green, and purple
- Pink, yellow, and pale green

Color can also provide important safety cues:

- An indicator of change in surface or level, such as ramps or stairs
- A warning for potential hazards, such as doors or cabinets that have been left ajar
- A means of color-coding household files, documents and bills.

Here are some general color modifications for you to consider:

- When creating or coding household files, use Post-It notes in fluorescent colors, brightly colored stickers or paper clips, or brightly colored fluorescent markers.
- Mark cabinets and the edges of doors with brightly colored fluorescent tape to make them easier to detect when open.
- Mark a specific chair, table, desk, or work space with bright fluorescent paint or tape, a brightly colored chair cushion, or a bright red or orange ribbon to help you locate a particular location or activity independently.

For more specific suggestions about using color when modifying your home, see Room by Room (http://www.visionaware.org/room_by_room).

About Contrast

Contrast sensitivity refers to the ability to detect differences between light and dark areas; therefore, if you are an individual with low vision, increasing the contrast between an object and its background will generally make the object more visible.

Enhancing contrast is one of the simplest, least expensive, and most effective home modifications you can implement.

Keep the following contrast principles in mind as you evaluate your home:

- White or bright yellow objects or print against a black background usually provide the strongest color contrast.
- Use solid colors as backgrounds to make objects “stand out.” Avoid the use of patterns, prints, or stripes.
- Place light-colored objects against darker backgrounds. A white sheet of paper is more visible against a brown desktop or dark blotter.
- Place dark objects against lighter backgrounds. A dark chair will stand out better against white or cream-colored walls.

Here are some general contrast modifications for you to

- Paint doors, doorknobs, and door frames in bright colors to increase their visibility. Ensure that the color offers sufficient contrast with the door hardware, wall, or other background.
- Paint baseboards in a solid color that contrasts with walls and floor coverings.

- Use a contrasting placemat under your dinner plate to help you see the edge of the plate.



- Use solid non-patterned floor coverings (carpet, tile, or linoleum) that emphasize the boundary between the wall and the floor. Try to avoid using patterned carpets, especially on steps and stairs.
- Install outlet and switch plates that contrast with walls, floors, and baseboards. Illuminated light switches can provide good contrast in a darkened room.
- Place dark objects against lighter backgrounds, or vice versa. For example, a pale green chair could “disappear” against a yellow wall; instead, try covering the chair with a solid, brightly colored slipcover or towel to create contrast and make it “stand out.”

For more specific suggestions about using contrast when modifying your home, see Room by Room (http://www.visionaware.org/room_by_room).

Resources for Home Modification

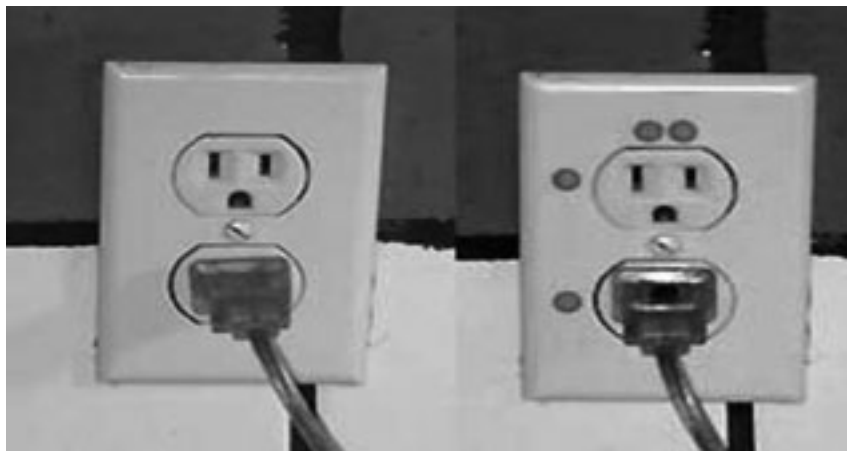
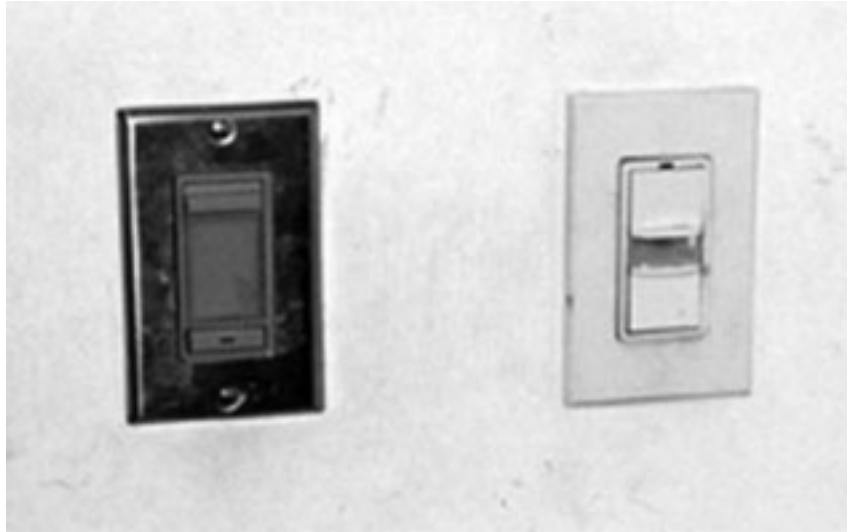
The following links and resources can help you when you begin to modify your home:

- Sources of Products for Independent Living (http://www.visionaware.org/sources_of_products_for_independent_living)
- Find Lighting Products (http://www.visionaware.org/find_lighting_products)
- Find Labeling Products (http://www.visionaware.org/find_labeling_products)
- Reading with Low Vision Optical Devices (<http://www.visionaware.org/reading-low-vision-optical-devices>)
- All About Maximizing All of Your Senses (http://www.visionaware.org/all_about_maximizing_all_your_senses)
- What are the most common non-optical devices? (http://www.visionaware.org/what_are_the_most_common_non_optical_devices)

Electrical Sockets and Light Switches

Electrical sockets and light switches are often the same color as the surrounding walls; therefore, they can be difficult to locate if you have low vision.

- One solution is to install new face plates in a color that contrasts with the electrical outlets and/or light switches.
- Another solution is to mark your electrical outlets with raised or color-contrasting dots that can help you locate the outlet and align the prongs of the plug with the slits in the outlet.
- You can create your own raised dots by using spots of glue or bits of tape.
- Other types of raised marking materials, such as the Hi-Mark Tactile Pen, Spot 'n Line Pens, Touch Dots, and Maxi-Marks are available from specialty catalogs.
- See Find Labeling Products (http://www.visionaware.org/find_labeling_products) and Labeling and Marking (http://www.visionaware.org/labeling_marking) for more information.



In addition, outlets are often located behind furniture and near the floor. One solution is to use a power strip or surge protector:

- Plug the power strip/surge protector into the outlet and place the power strip in an inconspicuous spot on an end table or other piece of furniture.
- You can also mark the outlets on the power strip with raised or color-contrasting dots to identify each plug.

Traumatic Brain Injured TBI: Some studies find 72 percent of TBI patients complain of vision problems, 32 percent are diagnosed with varying levels of vision impairments ranging from mild to blindness.

1. Make sure signs and patterns and/or colors that indicate different areas of the hospital do not have any similarities that make it difficult to discriminate one area from another.
2. Make signs occur frequently for those with memory problems.
3. Make signs consistent throughout the center and do not change the angle, orientation because if an individual experiences difficulty with form constancy he/she will not realize that two signs are for the same area if they have a different appearance (size, orientation, color, etc.).

4. Reduce visual clutter because TBI patients experience difficulty with figure ground discrimination. Too much visual information can be over stimulating as well.
5. Provide maps with clearly marked "you are here" indicators.
6. Provide escorts for when individuals enter the building to be
7. Escorted to treatment areas and from one treatment area to the next.
8. Provide variable lighting in rooms and treatment areas. Have filters available to provide for patients who are photophobic and/or sensitive to light.
9. Have the nurses' station or secretary office at the front area to monitor patients coming onto the unit and/or leaving the unit.

Committee on Veterans' Affairs
Subcommittee on Economic Opportunity
Washington, DC.
November 20, 2009

Mr. Mark Bologna
Director of Loan Guaranty Service
Veteran Benefits Administration
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Mr. Bologna:

I would like to request your response to the enclosed questions for the record and deliverable I am submitting in reference to our House Committee on Veterans' Affairs Subcommittee on Economic Opportunity hearing on *Adaptive Housing Grants* on November 19, 2009. Please answer the enclosed hearing questions by no later than Monday, December 21, 2009.

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Due to the delay in receiving mail, please provide your response to Ms. Orfa Torres by fax at (202) 225-2034. If you have any questions, please call (202) 226-4150.

Sincerely

Stephanie Herseth Sandlin
Chairman

JL/ot

Questions for the Record
The Honorable Stephanie Herseth Sandlin, Chairwoman
Subcommittee on Economic Opportunity
House Committee on Veterans' Affairs
Adaptive Housing Grants
November 19, 2009

Question 1: Your written testimony provides that some veterans and servicemembers who have a service-connected condition do not qualify for these grants. Can you provide us with some examples of servicemembers and veterans who are being denied a grant and may benefit from such programs.

Response: Title 38 U.S.C., § 2101(a) and (b) specifies a finite list of qualifying disabilities for the Specially Adapted Housing (SAH) program. It also stipulates that the service-connected disability must be permanent and total. Consequently, in cases where certain medical conditions may be presumed to subside or improve, such as a temporary visual deficiency or traumatic brain injury, the individual would not be rated eligible for the grant. Additionally, where there is not a total loss of use of an extremity, the individual would not be rated eligible for the grant. Finally, as Members of Congress noted during the hearing, the statute prescribes a more stringent standard for blindness than the legal definition of blindness.

Question 2: You state in your testimony that there are statutory inadequacies with the adaptive grants. Can you send us a complete list of all statutory inadequacies for review?

Response: In VA's *Report to Congress* published on August 28, 2009, VA discussed statutory inadequacies that may prevent individuals from receiving much needed SAH assistance. The following summarizes inadequacies noted in that report:

1. *Ownership:* Unlike the Adaptive Housing (AH) grant, a Veteran who is eligible for a Paraplegic Housing (PH) grant and lives with a family member permanently may not receive a PH grant to modify the family member's home. For such an individual to obtain grant assistance, SAH agents must work with the individual's family to facilitate the transfer of an interest in the property to the eligible individual.
2. *Aggregate Amount of Assistance:* According to VA's 2007 Survey of SAH Grantees, most AH grant recipients indicated that the maximum dollar amount for the grant did not cover the full cost of adaptations. In many cases, these AH grant recipients may have incurred significant out-of-pocket expenses or relied on the generosity of others to adapt their homes.
3. *Application of Cost-of-Construction Index:* Need better context – VA notes that the Transitional Residence Adaptation (TRA) grant was not included in recently enacted legislation increasing other adaptive housing grants by an annual cost-of-construction index. Without the index, VA expects fewer individuals to use the TRA grant in the future.
4. *Number of Grant Usages:* Given the statutory restriction on the number of grant usages (3), maximum use of the AH or TRA grants would preclude potential use of a PH grant if a worsening disability would deem the Veteran eligible for a PH grant.
5. *TRA:* TRA grant funds are deducted from the aggregate amount of assistance available to a Veteran, and a TRA grant counts against the maximum number of grant usages. Thus, Veterans are less likely to use the TRA and wait and use the full benefit with AH or PH. It depends on their individual needs and situation.
6. *Use of Funds for Administrative Expenses:* Chapter 21 of Title 38 does not authorize VA to use funds to pay for administrative expenses for alternative living situations. In some cases, it is necessary for an individual to make temporary alternative living accommodations while adaptations are being made to the home's only restroom (or the only restroom reasonably accessible to the individual). Temporary lodging may also be required if construction work results in the presence of dust or chemicals that aggravate certain medical conditions. Current law does not authorize VA to pay for temporary lodging during the adaptation.

Question 3: What have been the main complaints regarding adaptive housing by veterans, servicemembers and their families?

Response: The most frequent areas of concern voiced by Veterans and their families are outlined above in our responses to questions one and two.

Question 4: Have there been any injuries that we have not taken into account for adaptive housing grants?

Response: The response to question one above discusses some injuries not considered for adaptive housing grants.

Question 5: Is there a different need between a married veteran and a single veteran who needs to use one of these adaptive housing grants?

Response: Specific considerations are taken into account with each eligible Veteran's family status. The SAH agent must consider an individual's adaptive needs as they relate to assistance in daily living activities provided by a spouse or other family member. For example, if a Veteran is responsible for preparing his/her own meals, adaptation of the kitchen to meet his/her needs is a priority. In contrast, if a Veteran's spouse is responsible for cooking in the household, emphasis is placed on modifying other areas of the home. These considerations are evaluated on a case by case basis.

Question 6: If a veteran receives the grant under section 2101(b) for the amount of \$12,000 due to loss of use or loss of one limb and later loses another limb or usage of a limb, the veteran will then meet eligibility of 2101(a). Will the veteran be able to receive the full \$60,000 housing benefit or a subsequent amount minus the original awarded \$12,000?

Response: The combination of grants under Chapter 21 may not exceed the maximum grant amount outlined in 2101(a). In fiscal year 2010 grants under sections

2101(a) and 2101(b) are now indexed. The maximum grant under 2101(a) is currently \$63,780, and the maximum grant under 2101(b) is \$12,756. Therefore, if an individual receives a grant under section 2101(b) for the amount of \$12,756 due to loss of vision or loss of both hands and later loses another limb or usage of a limb, thereby becoming eligible for a 2101(a) grant, the original grant for \$12,756 is deducted from the current maximum of \$63,780, and the Veteran can receive \$51,024.

Question 7: Thank-you for the data regarding the number of grants provided in recent years. Do you have an analysis of who is receiving the grants in terms of age and types of disabilities?

Response: Demographic data in terms of age and disabilities are not routinely analyzed for the SAH grant program. However, VA is compiling available data and will provide analysis upon completion. VA estimates the review will be completed by February 15, 2010.

Question 8: The staff has been approached by several companies interested in developing housing projects for severely disabled veterans. What are the pros and cons of such a program?

Response: VA has also received inquiries on such housing developments, most of which are for rental units in high-rise buildings. VA has identified the following significant challenges with such a program:

- An individual using the SAH grant must obtain title to the home, which is impossible in a rental situation.
- Demand may not exist for housing projects or communities specifically for persons with disabilities. In VA's experience, Veterans prefer to re-integrate into their communities rather than living in highly concentrated units devoted to housing disabled individuals.
- Investment in such projects may not be cost-beneficial.
- In an emergency or disaster situation, multi-level and high-rise housing structures pose serious barriers to the evacuation of disabled individuals.

Question 9: In BVA's testimony they recommend that when a veteran is determined to have a permanent and total disability that they be provided information on SAH and auto grants as well as given Certificates of Eligibility for these benefits. Is this something VA is already doing? If not, what are your thoughts on Dr. Zampieri's proposal?

Response: VBA's disability compensation rating process determines eligibility for SAH benefits. This determination is made even if the Veteran does not specifically apply for SAH benefits. When VBA determines a Veteran is eligible for SAH benefits, information about the program is included with the rating decision letter.

In February 2010, Loan Guaranty Service will start receiving an electronic notice each time a Veteran is found eligible for SAH benefits through the disability compensation rating process. This will allow VA to be more proactive in reaching out to Veterans eligible for SAH benefits.

Once a Veteran is found eligible for SAH benefits and indicates an interest in using the program, a SAH agent schedules an interview with the individual. During that interview, the agent explains the SAH program as well as other benefits including HISA grant and Veterans Mortgage Life Insurance.

VA has reached out to Dr. Zampieri to schedule a meeting so we can learn more about his proposal and any other ideas that can be implemented to improve outreach.

Question 10: In Section 2101 (a), how does the VA determine a disability rating for "precludes locomotion?" Does this definition also include fusion of a joint and does it also include spinal fusions where mobility is lost due to cervical, thoracic and lumbar fusions?

Response: The term "preclude locomotion" is defined at 38 CFR 3.809 [*Specially Adapted Housing Under 38 U.S.C. 2101(A)*] as, "the necessity for regular and constant use of a wheelchair, braces, crutches or canes as a normal mode of locomotion although occasional locomotion by other methods may be possible."

Fused joints and fusion of the spinal column are not specifically mentioned in this definition, but such fusions may lead to precluded locomotion in certain cases. Some spinal fusions are performed as a therapeutic surgical technique designed to increase overall locomotion and mobility by reducing vertebral movement that causes pain. If the joint or spinal fusion is not therapeutic, is due to injury or disease, and causes loss of use of the lower extremities so as to require braces, crutches, canes, or a wheelchair for locomotion, then a Veteran with such fusion would be entitled to the Specially Adapted Housing benefit.