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# SUBCOMMITTEE HEARING ON ENSURING CONTINUITY OF CARE FOR VETERAN AMPUTEES: THE ROLE OF SMALL PROSTHETIC PRACTICES

COMMITTEE ON SMALL BUSINESS
SUBCOMMITTEE ON CONTRACTING AND TECHNOLOGY
UNITED STATES HOUSE OF REPRESENTATIVES

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# SUBCOMMITTEE HEARING ON ENSURING CONTINUITY OF CARE FOR VETERAN AMPUTEES: THE ROLE OF SMALL PROSTHETIC PRACTICES

**Wednesday, July 16, 2008**

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CONTRACTING AND TECHNOLOGY,
COMMITTEE ON SMALL BUSINESS,
*Washington, DC.*

The Subcommittee met, pursuant to call, at 10:00 a.m., in Room 1539, Longworth House Office Building, Hon. Bruce Braley [chairman of the Subcommittee] presiding.

Present: Representatives Braley, Cuellar, Clarke, Sestak, Akin, and Davis.

## OPENING STATEMENT OF CHAIRMAN BRALEY

Chairman BRALEY. This hearing on VA contracting with small prosthetic practices is now called to order.

The human cost of the Iraq conflict has been nothing short of devastating. In 5 years of war, our troops have suffered 4,000 deaths and another 29,000 injuries. As our wounded soldiers return from overseas, the Nation now faces a moral and financial challenge of providing for their medical care.

Why should we care about the prosthetic needs of our Nation's veterans? In the aftermath of the devastating revelations about the conditions at Building 18 in Walter Reed Army Medical Center, an Independent Review Group headed by the Honorable Togo West was assembled to report on rehabilitative care and administrative processes at both Walter Reed and the National Naval Medical Center at Bethesda. The Independent Review Group identified traumatic amputations as one of the four signature injuries associated with the current conflicts in Afghanistan and Iraq.

It is important to note that today's Veterans Administration serves not only the wounded returning from current conflicts, but also the additional 70 million Americans otherwise eligible for VA benefits. My brother, Brian Braley, knows this very well. He treats these patients as a kinesiotherapist at the VA hospital in Knoxville, Iowa. And I am very proud of him for making a difference in the lives of the patients he works with. A great number of these men and women will require prosthetic and sensory aid resources. In 2007 alone, more than 1.3 soldiers sought these services. As am-

putees continue to return from the war, the number of patients who require prosthetic services will continue to rise.

In order to meet this increased demand, the VA's budget for prosthetic and sensory aid services, PSAS, has risen dramatically. Increased funding for this service has been a bipartisan effort. Democrats and Republicans alike are dedicated to providing the best possible care to our wounded veterans. But while the VA has made great strides in offering treatment, many amputees continue to face obstacles.

In addressing these challenges, we should first look to small health care providers who comprise the bulk of the prosthetics industry. Small firms make up 80 percent of this vital medical sector. In fact, the administration currently holds 600 agreements with small prosthetic practices. But despite the VA's efforts to ensure quality care to amputees, many vendors have raised concerns.

The system, while enormously helpful to the vast majority of veterans, is not perfect. A series of issues regarding procurement have made this sector increasingly difficult to navigate. As a result, the well-being of our wounded soldiers could be improved.

In order for small health care providers to successfully serve these men and women, several barriers must be addressed and overcome. One of the greatest challenges facing prosthetic businesses is the VA's obsolete contract procedure. The documents for this process can be outdated and hard to follow. In some cases, it would seem that neither the practice nor the paperwork has kept pace with industry development. Similarly, the bidding procedure for the administration's proposals can be disorganized and inconsistent. Consequently, many small businesses find themselves shut out of the system. These logistical roadblocks have deterred many entrepreneurs from participating altogether. This means more than just decreased revenues for small firms. It means fewer choices for wounded veterans.

Further compounding the choice issue are restrictive contracting practices. Prosthetic providers around the country have noted instances in which VA hospitals have narrowed patient selections. This can be devastating to amputees who need specific devices made by a limited number of providers.

In outsourcing to small prosthetic businesses, the VA allows veterans to seek more personalized care. We must ensure that amputees continue to have this option. It is important to note that these suggestions are not intended to undermine the vital work of the VA.

On the contrary, this Committee recognizes the administration's considerable efforts in providing quality care to veterans. As we will hear today, its services have been a literal lifeline to countless veterans across the country. What is more, the VA has been and continues to be an important partner for the small business community. With this in mind, we must ensure that the administration and small business providers have the opportunity to build an even stronger partnership. In doing so, we will not only bolster our small businesses, we will also support the heroic men and women who have answered our Nation's call.

These noble warriors have spilled their blood for us and served their country with courage. They have earned and deserve our sup-

port. Their well being is our moral obligation, and we should not shirk our financial responsibility to care for them as a fundamental and patriotic duty. If we fail to live up to that responsibility and give them the best chance to reach their full potential, we will pay a heavy price over their lifetimes in added medical expenses due to chronic disease processes that are aggravated by inactivity, such as morbid obesity, diabetes and vascular diseases that lead to heart attacks and strokes. To paraphrase the old Fram oil filter commercial, we can pay for them now or we can pay for them later.

In this morning's hearing, we identify future needs of amputees who face care decisions in the DOD and VA medical systems and examine ways in which the VA and small businesses can work together to address those critical needs.

I want to thank all of our witnesses in advance for taking time from their busy lives to travel here and share their testimony. I look forward to a lively, frank and informative exchange.

And at this time, I have the privilege of recognizing the ranking member, my friend, David Davis from Tennessee, and ask him to share his opening statement.

Mr. DAVIS. Good morning and thank you, Chairman Braley, for holding this hearing on the important topic of veterans and prosthetic practices. I would like to thank each of our witnesses who have taken the time to provide a witness to this Subcommittee with their testimony. I would like to extend a special welcome to my fellow Tennesseean, Christian Zach Smith, a board certified prosthetist and orthotist, and I will introduce you later.

The Department of Veterans Affairs operates the Nation's largest integrated health care system, and like most other Federal health care programs, the system is a direct service provider rather than a health insurer or payer for health care. VA health care services are generally available to all honorably discharged veterans to the United States Armed Forces who are enrolled in the VA's health care system. Under the VA prosthetic service policy, a lack of funds will never cause a prescription or prosthetic from being filled or delayed. This policy has enabled the VA to provide the highest quality prosthetic services and care of any government or civilian medical system in the world.

A proper prescription by a VA clinician can make any prosthetic device in the marketplace available to the veteran. This means the VA's prosthetic service is required to stay abreast of all new technology, both in research and development stages and when the product is available for use after it is approved by the FDA. Because of this attention, the VA is often among the first to prescribe new prosthetic devices that come to the market, especially if they are high tech and high cost.

All the 61 VA prosthetic and orthotic labs have earned certification by either the American Board of Certification in orthotics, prosthetics or pedorthics, the ABC, or the Board of Orthotist/Prosthetist Certification, the BOC, which are the two national accredited organizations. Almost all VA prosthetics and orthotists are board certified. Additionally, eight of these accredited labs have also earned certification from the National Commission on Orthotic and Prosthetic Education, which enables the labs to participate in residency programs from the nine prosthetic and orthotic programs

in universities and colleges in the United States. This same standard is applied to all contractors to help ensure consistent quality.

Under title 38, section 1823 of the United States Code, the VA is authorized to procure orthopedic and prosthetic appliances and related services, including research, without regard to any other provision of law. The VA only uses its expanded acquisition authority on a case-by-case basis to ensure veterans the highest quality of care.

The VA has an active prosthetics small practice outreach program. For example, the VA's Office of Small Business and Disadvantaged Business Utilization has several initiatives that train small orthopedic and prosthetic practices to do business with the VA.

Also, VA works very closely with prosthetic contractors in hosting conferences around the country where there is a mix of VA attendees and prosthetic small practices. These seminars are typically organized on a local and regional basis as a mechanism of outreach with independent practices and an opportunity for mutually beneficial collaboration between the VA and small practices. This effort has resulted in approximately 80 percent of contracts for these services by number of purchase orders and by a total cost being awarded to small practices.

Chairman Braley, I look forward to working with you on this important issue. And again, I would like to thank each of you for being here with us today. And with that, I yield back my time.

Chairman BRALEY. Thank you, Mr. Davis. Before we introduce our first witness, let me explain the 5-minute rule for all of the witnesses who are here present to testify. We will move on to the testimony of witnesses, all witnesses will be allowed 5 minutes to deliver their prepared statement and there will be a timing device right in front of you. The way the lights work is when 1 minute remains, the yellow light will come on and when your time is up, the red light will come on, and your entire written statement will be included as part of the record.

Let me introduce our first witness. We are honored to have Mr. Frederick Downs as our first witness. He is currently the Chief Prosthetics and Clinical Logistics Officer for the Veterans Health Administration, Department of Veterans Affairs, headquartered here in Washington, D.C. Mr. Downs manages a nationwide $1.3 billion dollar prosthetics and sensory aids program that furnishes assistive aid and services to nearly 2 million veterans with disabilities.

Mr. Downs served in Vietnam where he was severely injured, losing his left arm above the elbow. He has four purple hearts and was inducted into the Officer Candidate School Hall of Fame at Fort Benning Infantry School. We are honored to have you here. Thank you for your service to our country, and we look forward to your testimony.

**STATEMENT OF FREDERICK DOWNS, JR., CHIEF PROSTHETICS AND CLINICAL LOGISTICS OFFICER, OFFICE OF PROSTHETICS AND CLINICAL LOGISTICS, DEPARTMENT OF VETERANS AFFAIRS**

Mr. DOWNS. Thank you, sir. Good morning, Mr. Chairman and members of the Subcommittee. Thank you for the invitation to discuss the Department of Veteran Affairs' relationship with independent prosthetic contractors in our efforts to ensure continuing care for our veteran amputees returning from combat. I would ask that my written statement be entered into the record.

VA furnishes prosthetic services to enrolled veterans as part of the Department's medical benefits package. This includes sensory aids for those who meet VA's eligibility criteria. Our prosthetic devices include an array of items from appliances, parts or accessories that are necessary to replace or substitute for a deformed, weakened or missing anatomical portion of the body.

Our Office of Prosthetics has a long tradition of using an extensive network of VA laboratories and contract prosthetic labs to provide prosthetic and orthotic devices. We operate 61 prosthetic labs and each one of them is accredited by one of the two national accrediting bodies, which was mentioned. And we also hold our contract lab—our contract prosthetist that we do the contracts with, it was over 600, to the same standards. In fact, we held them to those standards before we adopted them. So it has always been a tradition that we required certification from our contract prosthetists for them and their labs.

We contract with over 600 independent labs, as we said, and that provides, by the way, about 97 percent of the total limbs. And there is a misperception that VA fabricates most of the limbs, and that is not true at all. We only fabricate at the most 3 percent of the limbs that are provided to America's veterans.

Now, to keep our people up to speed in prosthetics, we hold our conferences concurrent with and endorsed by the American Academy of Orthotists and Prosthetists during their annual meeting in their scientific symposium. This annual meeting is attended by approximately 2,000 prosthetists. Many of these are small business owners and VA contractors. Our goal is to improve communications and interaction with all members of the independent prosthetic community. Many small business owners in the field of prosthetics are members and supporters of this annual conference. This forum presents a unique opportunity to enhance the relationship between the private sector and VA. Small businesses, including the VA contractors, are invited to present their products and attend these scientific presentations. Businesses are provided exhibit tables or space that enables them to meet and interact directly with VA physicians, administrators, therapists, orthotists and prosthetists. We believe it is a model of professional and business interaction with government.

Our network of providers reaches the most rural areas throughout the country to bring quality care to the veteran. Currently, those 600 contractors we have across the country provide access to necessary care close to their home, whether in a rural or urban area.

In fiscal year 2007, as was mentioned before, we provided prosthetic services to 1.6 million unique veteran patients. And I would like to add that once we accept one of our wounded veterans or soldiers into our system, we have them for the rest of their lives. In my case, that has been 40 years and we will take care of those veterans until they die, with the prospects and as they grow older they need more prosthetics as their body function begin to deteriorate.

From the beginning of the war, through current—to the end of the year 2007, 300,000 of the Iraqi-Afghani vets have returned and sought care from VA. For the nearly 800 veterans who were treated for major amputations within the Department of Defense, the prosthetics has provided services to over 200 of these major amputees last year and our data shows that we are going to double in this fiscal year as they are discharged from DOD care and come into VA care.

We have implemented several initiatives to assist the OEF/OIF service members as a transition into VA care. Our VA prosthetic staff, case managers and social workers have regular contact with the program officials responsible for the various benefits a veteran may be eligible to receive.

I am running out of time here. I would like to add one important thing. We have just recently signed a contract with the Amputee Coalition of America to furnish amputee peer visitation programs at all of our 21 VISN integrated service networks. This program is designed to assist individuals and their families coping with a variety of injuries. It will allow enhanced networking among our patients with amputations to include sharing of information regarding access to prosthetic care in the VA.

In addition, we work in concert with DOD to provide specialized items such as hand cycles, personal digital assistance and vehicle modifications which DOD is not able to provide. So even though these soldiers are still active duty, we work with Walter Reed and with Brooke Army to make sure that these active duty soldiers as they are recuperating are able to get the wheelchairs, hand bikes and whatever they need in order to facilitate their recuperation. And if they go home and convalesce and leave, even though they are still active duty, the local VA will provide all the prosthetic care they need. We will continue to do that. We are always looking forward to the new technologies as they are coming on the marketplace. We want to be first in line to make sure that our vets have that available to them.

Mr. Chairman, that concludes my statement. I am pleased to respond to any questions you or the Committee members may have.

[The prepared statement of Mr. Downs is included in the appendix]

Chairman BRALEY. Thank you, Mr. Downs. Despite the VA's best efforts to provide veteran amputees with the best care, some veterans have raised concerns about their ability to secure certain types of health care in the VA system. Some have mentioned that in certain VA facilities, veterans are told they are not permitted to receive care from practitioners outside the VA setting. To your

knowledge, does the VA prohibit veteran amputees from seeking care from outside practitioners?

Mr. DOWNS. What they are talking about outside practitioners—I assume they are talking about—we have contractors within the VA catchment area of the facility. And so we ask the veteran—we give the list of the contract prosthetists—and these are the small companies around the facility. And here is a list of these contractors. So you can go to any one of these that you choose. Now, those prosthetists who do not have a contract, the veteran is allowed to go there if they wish because it has a lot to do with the chemistry between you as the amputee and the prosthetist. So they are allowed to go there if they want, but we, of course, have this contract process and we encourage them to use the contractors.

Chairman BRALEY. Now, we know that in some parts of our country, particularly the more rural areas, access to those services can be a challenge. Are you able to tell us today what might be the greatest type of mileage range that a veteran returning home would face in locating a certified O&P provider that would be able to meet their needs in certain parts of the country?

Mr. DOWNS. Oh, out in the West, sometimes a couple hundred miles, they have to—one of our—it has to be a certified prosthetist. That is how we ensure quality. But if that veteran—whatever the prosthetist closest to that veteran—we are very flexible in how we work with the veteran in trying to achieve their needs. So we have a system set up. That is how we control this complex, multi-faceted operation. Taking care of 1.5 million disabled vets and trying to make sure that all of them are pleased with their care is a challenge. So what we will do if one of those veterans who is 200 miles away, if there is a prosthetist close to them that is certified, who is not on the contract and he wants to go to that prosthetist, then we will work on an arrangement with the prosthetist. We will ask that prosthetist to accept the contract price in that geographical area, and invariably all of them do. It is a fair price. And then the arrangements are made.

We are a large organization, sir. And certainly we have bumps along the road. We have new employees who don't understand the rules, the policies. There are always issues that we have to deal with. So we try to keep on top of them. And one of the things we do is make sure we are available. We have a system set up so that the veteran—if the veteran is not getting satisfaction at that facility, there is any number of places they can go to. First of all, of course to their Congressman. Also they can contact their veteran service organization. They can call us. We have a Web site. We developed that after having a forum meeting with the Iraqi/Afghani vets. A number of them were complaining about the very things you are talking about. And we are saying we have an actual policy to cover all of this, why isn't the word getting out there. It is a constant frustration communicating and getting the word to everyone. So we had this forum and these folks came together. And they said what you need is an Internet site so that we can start talking to you. So we developed an Internet site—and I have got the numbers here some place. We are up close to 300,000 hits on it, so that people can now contact us directly that way. Our numbers are published, my phone number, along with my staff. Our phone numbers

are published. We have VISN prosthetic reps. Their numbers are published. So we attempt everything we can to get communication out to people. And it is a constant battle, I have to tell you.

Chairman BRALEY. One of the problems that was identified when we had multiple hearings in oversight and reform on the independent review group's report and the Wounded Warriors bill that we passed out of the House was that there seemed to be a great number of case managers in the VA system who were advocating through the system itself on behalf of patient, but there seemed to be a lack of patient advocates whose sole responsibility was to help patients navigate sometimes the maze of regulations and requirements and be there as a source to patients.

Are you aware of anything going on with O&P patients to address that problem?

Mr. DOWNS. Well, they are like any other patients. They have access to those case managers at the medical centers. Let us say they went down to the prosthetic service, they went to the amputee clinic team and they didn't think they got the right service. They can go to the director of the medical center for one. They can go to the patient advocate and voice their concern. So there is a prosthetist in place there for that individual to voice his concerns.

Chairman BRALEY. I am sure that you are aware that Congressman Filner, who is the Chair of the Committee on Veterans' Affairs, recently introduced the Injured and Amputee Veterans Bill of Rights. And this legislation would require displays in VA amputee clinics, documents informing veterans of their right to quality O&P care. It would also express the rights of veterans to see the practitioner of their choice.

Do you see that this proposal would be useful to veteran amputees who are confused about their rights in the system?

Mr. DOWNS. That would help. It certainly would. Anything. VA has a Patient Bill of Rights that is posted in all our VA facilities. That covers all aspects of their medical care. But if it is felt that an extra posting in our labs would help, then fine. Because we have a passion to make sure that these men and women coming back get the best of care and that the VA is open to them, and so we keep putting the word out constantly. We have monthly conference calls with our orthotists and prosthetists. We have an e-mail group with our prosthetists and orthotists. And as I said, they attend the academy meetings once a year. We do everything we can to make sure that they are aware of what is our policy from Washington. They need to hear that all the time and we tell them that all the time. We tell them—and we tell the clerks, we tell everyone that we can in the prosthetic area. These individuals coming in here are dealing with lots of issues, losing an arm, spinal cord injury, you are blind, your life is ended you think, you have got to get yourself back together. So what they need is a friend. So when they come to prosthetics, certainly we preach to them you don't just say no if you have to say no, we don't want you to say no, figure out how to say yes. And for a combat injured, there is no doubt it is a yes. And then you make sure that you take care of this person. And that means—and we have tried to institute this, too. If you have got to take that person by the hand—and we have a number of people that do that. Take him by the hand, he doesn't need anything in

prosthetics, nobody has taken care of that, take him down the hall yourself to rehab or wherever he needs to go. It is that constant word all the time from Washington that they know what the message is, and we try to make sure that that message is clear to them.

But again, it is always a challenge. We are dealing with 200,000 employees in VHA and about over 1,000 of them work in prosthetics and you have everyone in range from GS-5s up to the GS-14s, the whole range of issues they are dealing with because we are taking care of—with 1,000 employees, we are providing appliances to 1.5 million disabled veterans and wheelchairs and legs and aids for the blind. And each one of those specific disability areas takes expertise. And you have to be flexible, too, because—for instance, this TBI, traumatic brain injury, that we are dealing a lot with now with these young troopers coming back, we are discovering new prosthetics that we need to provide to them. Because a prosthetic really at the VA is anything that goes to support a bodily function. So what they determined when we had some meetings is that with a traumatic brain injury patient, if you take a personal device, a personal digital device like a BlackBerry, only don't call them that, and put a different program into it so that it will read software. And so for a blind or little-vision person, it will give an individual instructions of how to navigate. So even though we didn't use PDAs before, we now have the prosthetic device now. So we provide those.

We have to be alert to all kinds of new technologies that can be used in different ways to serve the disabled that we really hadn't thought about before, and we have disabled people on our staff nationwide in wheelchairs, low vision. And so my own people out there keep us informed of new technology. It is a dynamic process.

Chairman BRALEY. If you were listening during my opening statement, I brought up the interrelationship between providing optimal care for O&P patients to deal with their long-term health care needs, and I wonder if you are aware of any longitudinal studies of the O&P patients in the VA system and how they respond over their lifetime to getting the maximum return on their O&P investment and what other types of health care implications it has for them?

Mr. DOWNS. Well, they have—there is not any longitudinal studies now, but there are—recently there was a meeting out in Seattle with our VA folks and researchers to put together a system—how can we do a longitudinal study. There has never been really a good way up to this point of saying which limb is better, is a computer leg better or of the different types of ankle, which one is the best, which type is the best knee. And it really comes down—which socket is the best socket. It comes down to basically how does it feel. If it feels good and comfortable, then it is a good prosthetic device. And we have often—we have not had the data systems yet, sir, to track that. And now we are getting to the place we have data systems to track it. Then we have to have the researchers develop programs to look at those longitudinal studies. Is the body powered arm superior to the myoelectric arm? Do you need a myoelectric arm for social occasions and use the body powered arm for doing your day-to-day work? And of course we provide as many different

arms and legs to the individuals as they want. They want a running leg, they want a walking leg, they want a swimming leg. All of these are available to them. And that is a misperception that the VA doesn't do this. We actually provide all of this. In fact, we have always been in the vanguard of it.

As a medical health care system, a national medical health care system, where we do have problems, it is—people point it out very quickly. And that is good because we are responsive and we need to be able to go out and find out what exactly is that problem out there, what is occurring. So we do have this feedback system to keep us up on the technology, make sure we know what is going on out there.

And one of the things that frustrates my staff and I all the time is we deal with the problems every day. All the vast majority of the disabled veterans out there who are happy with the service, we never hear from them and that is great. But we hear the problems day after day. So we certainly try to stay on top of those, sir.

Chairman BRALEY. Thank you, Mr. Davis.

Mr. DAVIS. Thank you, Mr. Chairman. Thank you, Mr. Downs, for your service. God bless you. You are a true American hero, and I appreciate that. Last year I lost my cousin Fred who was in a wheelchair from Vietnam. And thank you for the service you gave to Fred and those things will never be forgotten. I do appreciate your service.

You mentioned in your response to the chairman that a veteran can go outside the contract and choose a provider. Is there any negative consequences to the veteran if they do that?

Mr. DOWNS. No. No. And where the problem comes from, sir, is that at the local level, people get into routines and say, here is our list of contractors and perhaps they don't explain fully to the person, if you are not happy with any of those contractors, if there is a prosthetist you would rather go to—maybe that conversation doesn't take place as often as it should. So that is where the confusion comes in sometimes, too. But one of the keys to our success in our prosthetic program is that—and it was developed in World War II because of—the amputees coming back were just getting low bid limbs and that was it. They were very angry, they went to Congress, laws were passed and the Prosthetic Service in the VA was formed. And the idea was to increase the quality of the limbs, make sure we are on top of things. So that tradition remains true today. And one of the reasons I was appointed 28 years ago to the position of prosthetics—I have been around a long time, but I love this job—as a Vietnam vet I was bound and determined that future veterans would not go through what I went through and my peers went through and your cousin went through. So we are in the system now and we are bound and determined we are going to make it as good as it can be.

Mr. DAVIS. So there is no negative financial consequences if they go outside?

Mr. DOWNS. No.

Mr. DAVIS. The only requirement you have is the provider is actually certified to provide the product?

Mr. DOWNS. Yes. There is no negative. And if a prosthetist says to the individual, well, you have got to pay extra money, you have

to co-pay, that is absolutely wrong. And if we find out about it, you can't get any contracts from the VA because we pay for everything. These soldiers coming out of DOD, when they—they are used to the Walter Reed and the Brooke environment, so they want to stay with the military. But when they find out that TRICARE requires a co-pay and this and that and even for the combat veterans, well, then they start shifting to the VA because we provide a holistic picture of—because we take care of everything for you. And they learn that. And that is the reason they are shifting to the VA in the numbers that they are, because of our philosophy and how we deal with the disability.

Mr. DAVIS. You mentioned in your testimony working with Walter Reed and other active duty military. Can you tell me how you work together?

Mr. DOWNS. Yes, we have—for instance, after this hearing I will be going out to Walter Reed for a town hall meeting they are having so I can speak to the amputees and the other disabled about what we have in prosthetics and the VA. I myself have been going to Walter Reed for years before the war and certainly now during the war just to avail myself on a personal level, pure—I am an amputee and I am succeeding, and therefore you can do the same thing. And that is very important psychologically, because when you see someone who is doing something and you are laying in the bed—I remember my first example of that, I was in bed at Qui Nhon and I had been wounded about 5 days, my arm was gone and I thought my world had ended. And this major, she brought by a picture of a double arm amputee and he was fly fishing and he was driving. And it clicks in your mind, well, if he can do that, I can do that. Well, it is the same kind of philosophy of me and other peer visitors. Lots of peer visitors go out there to do that. So, yes, we go to Walter Reed on that level.

On the VA level, I work out there with the clinicians so they know we are here. We work our way through problems. That is how we begin to realize that they weren't able to buy the high-tech wheelchairs and sports wheelchairs. So we worked out a deal where we just provide those. And even though appropriated funds for us weren't supposed to depend on active duty and vice versa, we went to the Secretary of the VA, at that time Mr. Principi, and he said sure, go ahead, we will take care of that. So we worked out those arrangements.

Now, we officially—we also have a—we are rotating our prosthetists, orthos and therapists through Brooke and Walter Reed so they can spend a week there to see what it is like with the active duty. So when they go back to the VA, they have got a better sense for it. We have, of course, case managers and social workers at each one of those facilities. And those case managers at the VA level are to be—they get the hand-off from the Brooke and Army—or from Brooke and Walter Reed and I think now San Diego is in this, Balboa. So we have a lot of activity going on.

My deputy, Jane Randolph, will be going down to the military treatment facility at Brooke in a week or two. And that is where they bring their clinical folks together. And we will have some VA people there so that we will receive training on what is going on and what is current right now.

So, yes, there is a lot of activity. You know what happened to us at the beginning of the war is we are in our routines. And so these young soldiers were coming into the medical center and we thought if we had everything—into the Walter Reed, for instance. What happened was that they then go home on convalescent leave and they go to the VA medical center and they would say no, you are not a veteran yet so you can't come to the VA system. Well, of course, that was a political relations nightmare for us because the soldiers said I can't get treated in the VA, they won't treat me. That was one of the problems we had. Because you can't explain to a young soldier the difference between DOD appropriations and VA appropriations. They don't understand that. But that is how we operated, because that is the way the law was. So that caused us problems.

The other problem was for some reason the perception was the VA did not provide high quality, high tech prosthesis. And in this day and age, these kids out there, they would type in bad stuff into the Internet at the speed of light all around the world and all of a sudden we weren't doing this. And it took us—it has taken us years to—you know, we are trying to prove our point that yes, we do. So we learned a lot of lessons. And we have made a lot of corrections since then in the forum meetings with the folks who were criticizing us so they could see what we are really doing, the Internet site that we have set up, and pushed emphasis on making sure that we reach out to these amputees.

So what our folks are supposed to do now is that when a soldier goes—is discharged, the VASecretary sent out 500 and some thousand letters to those individuals to make them aware the VA is there, we provide services to you. Our prosthetics people are supposed to contact each one of the amputees or individually who uses prosthetic devices to let them know that we are here for you, when you need us come here. So we have a lot of those lessons learned that we are implementing now, too.

Mr. DAVIS. How does the VA ensure a timely transfer of medical records between active duty military and the VA?

Mr. DOWNS. That is a question I am not really knowledgeable enough to answer. They are working hard on it, I can tell you that. Because the problem is that the DOD medical records are different than the VA and they don't transfer electronically. That is an issue. And I think the report probably pointed that out. So I know we have teams working on that very hard and diligent with DOD. But I am not knowledgeable in that area.

Mr. DAVIS. Let's take it from the next level then, from the VA to the prosthetist, to the provider. What type of communication do you have between the local hometown community provider of a product?

Mr. DOWNS. Well, there are a couple of things that go on. First is the local prosthetic rep, prosthetic chief is supposed to have contact with the prosthetic services shops in his area or her area and they have had for years and years. And they in the contract—so when they get ready to do a new contract, they send out a request for proposal to the folks who are already on contract but it is also published in FedBizOPPS and other publications. So that those prosthetists can compete for the contract in that VA area. And that

relationship, the prosthetist is often a part of the amputee clinic team. So that relationship goes back and forth, whether they meet on a weekly, basis, biweekly, whatever their workload is. So that is the relationship that exists at that level.

At our level is that we meet with the academy and the AOPA leadership on a regular basis. Often they will contact me if there is a problem someplace. So our relationship there I think is very good, very solid. I hope they confirm that so that—we are open to whatever they have to say to us, because that relationship is key. One of the things that I had to build back up when I took over is all those relationships had gone bad. And to me, we are not successful unless—in the VA unless we have a relationship with the people who provide these goods and appliances. And so we need to have that communication flow. You can't do this in a vacuum. And to me I have never considered civilian industry as the enemy, so to speak. It is our partner. And I really believe that because another philosophy of mine is you buy American and you buy small business. And that is something that I admitted in prosthetics in the beginning, and when I took over the logistics 3 years ago that was the philosophy. And we established small business liaisons at each of the VISN levels. And we are supposed to have them at the facility level.

We are building on that relationship. We just attended the big small business meeting out in Las Vegas and gave a presentation out there last week or the week before last. So it is a continual process of keeping people informed, communicating. And whenever—we think we are trying to cover all the bases. We are trying to come up with new ideas all the time. But again, being available to the national representatives of the associations, the prosthetic—we make presentations at AOPA so that we are there, they can come and ask us questions. And, of course, all of our information is published so that they can call us and send us letters, which they do. And we answer a tremendous amount of volume of mail and telephone calls. I meet with—I meet or my staff meet with vendors, not only in the prosthetic world, but vendors of all types because as the Chief Officer of Prosthetics and Clinical Logistics, that covers the whole gamut of everything we do in the health industry, med surg equipment, the nonexpendable equipment.

So we have found that if we allow people to come in and talk to us instead of trying to brush them off, then we have a much better relationship because they need information, we need to give it to them. The government is a very complex organization. The contracting to me—you know, contracting to me is like in the government. We have all these rules and regulations, 200 pages of FAR. And it makes it dad gum hard to get a contract with anybody. If you are in private industry, you look at the government and think how the heck do they do business. Well, it is difficult but we follow all the rules and regulations to try to get there.

Mr. DAVIS. I will yield back.

Chairman BRALEY. The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. SESTAK. Thank you, Mr. Chairman. Thanks for your service, sir. Two things I think are most important, I would gather, and you mentioned at least one of them and even the second. The first

one is how to get information to all the veterans, not just in your area, but everywhere else. The second one is the standard of care, that it is consistent in the quality that everyone gets. And so it is a bit disconcerting to hear the Tammy Duckworth testimony on the Senate side where she made it very clear that the care being provided in Walter Reed and other places was of a higher quality than the VA to her exposure not just as an amputee, but for the organization she heads in her State.

My question from—the first of my questions are, you have several standards of quality. I mean, we have over 600 good contractors out there. But how do we ensure this standard? I do mentioned several of them, the ABC and the BOC. But the ABC is felt to be a higher and more quality of care. Why do we have two standards then? Then you have another standard called the—as I remember, the National Commission on Prosthetic and Orthotic Education. If you want to work with universities and you are starting to go out that way yourself with this agreement you have just had and then you have your own guidelines.

Do you think we need to step back here and have one standard quality of care unique to the veteran that we can all kind of accept?

Mr. DOWNS. Well, sir, let me answer that for you. The American Board of Certification is the oldest certified body that I know of in America. And so—

Mr. SESTAK. Just because the chairman will cut me off shortly because I am a freshman.

Mr. DOWNS. Sorry.

Mr. SESTAK. Should we have one standard is really my question. There is four right now you are kind of using.

Mr. DOWNS. No, not really. There are only two certification bodies for prosthetists and orthotists, and that is ABC and BOC. And BOC is the newest one. I think it came in—we accepted them as a certifying body. And I forget when it was, the late 1980s or early 1990s. And in the world of accreditation, they meet those requirements to be an accrediting body.

So our general counsel tells us that we have to accept them because ABC or BOC, they are both verified by accrediting bodies. And those are the two—

Mr. SESTAK. If I could, sir—I understand that. But why don't you use some system like your VA/DOD clinical practice guideline for rehabilitation for lower limb amputation? I have gone through it and it is fairly vague in some areas. But why not—I know somebody is telling us we have to use it. But is it the best when we have two different sets of criteria out there?

Mr. DOWNS. ABC is the best.

Mr. SESTAK. Should everybody be required to go ABC, then, because it is the best.

Mr. DOWNS. I have to say this. ABC and BOC are the best. In fact they are the only certifying bodies for us in the area of prosthetists and orthotists. They have education programs, requirements and continuing education programs. So those are the best. There is no problem there. Going back to Tammy and her disillusion with the VA—

Mr. SESTAK. If you don't mind. I could come back in the second round.

Mr. DOWNS. Go ahead.

Mr. SESTAK. I was just struck by her testimony, and then diving into the different accreditations if I could, how do we ensure that all these small companies ensure that our—what is the standard we go by to ensure every small company will give the same type of access to all the technologies that prevail out there? And you mentioned a number of them. You know, one you mentioned early on was the microprocessor controlled knee. How do we ensure that every one of those has access to the technology? Do we and how do we do it?

Mr. DOWNS. Well, this is part of the certification prosthetist. So, for instance, a company may be certified by ABC or BOC. So that means they have met certain education requirements and length of time and training and experience. If a new technology comes out like the C-Leg. So that manufacturer says here is the criteria that you must be trained on as a prosthetist before you are going to be allowed to fit this. Because the company doesn't want the—

Mr. SESTAK. Why do you waive companies from being accredited and give contracts to them? You have under your Veterans Administration Solicitation 260-AA, you actually say, hey, we will accept proposals from those offers who have not been able to complete their accreditation in the ABC and BOC. I am happy to give you a copy of it. So my question is, why are we actually solicited—my concern keeps going back to what is the standard for consistency, particularly when we are offering contracts out there without the accreditation being done by these companies?

Mr. DOWNS. Sir, the guarantee of quality is a certification process. I am not familiar with that instrument you are reading there.

Mr. SESTAK. I should end. I am over my time. My background in the military has always made me concerned when there is two sets of standards or more. And my concern really comes—I am seeing now there is a little leakage here where we are letting some of these companies maybe be accredited before they are. But I want to make sure the care for the veteran is number one and consistent across the Nation.

Thank you.

Mr. DOWNS. The only reference I can make to that without seeing a document is that the—by the time the contract is signed, they must be certified. They must meet certification of ABC or BOC because it is our policy that you must be certified.

Mr. SESTAK. It says in the contract award that 6 months after the award they could become certified.

Mr. DOWNS. Okay. Well, maybe somebody has changed the contract without us knowing it at a particular facility. Because I can guarantee you that is not something we would accept. And in the medical area, there are often more than one certification—more than one certifying body on the accreditation process. It would be easier for me if everything was simple like that, I guarantee you. I will say that. It would be easier for all of us in the government if there was just one set of criteria on something like that.

Mr. SESTAK. I can't agree more. I didn't understand all these—

Chairman BRALEY. The gentlewoman from New York is recognized for 5 minutes.

Ms. CLARKE. Thank you very much, Chairman Braley and Ranking Member Davis, for holding this important hearing today. Mr. Chairman, let me just briefly state that I felt compelled to attend this hearing today, and I am glad I did. I want to feel assured that quality health care is provided to our injured soldiers who fought in Afghanistan and Iraq.

Many of these veterans are young Americans, who are at the advent of their adult life and they have lower incomes and whose injuries necessitate special health care, attention and response. I am concerned that these very valued individuals have complete and full access to the prosthetics they need to fulfill their God given potential. We must ensure that the VA's health care system is operating at such a level that if a veteran is seeking assistance, they will in fact get the best available care.

Having said that, I am honored and actually I honor you, Mr. Downs, for your ongoing service today and your presence at today's hearing. I would like to know if you can tell us the percentage of prosthetic care that is provided by VA personnel versus the percentage provided by contracted service providers.

Mr. DOWNS. Do you want me to answer that now, ma'am?

Ms. CLARKE. Yes.

Mr. DOWNS. Artificial limbs, about 97 percent of those are provided by our contractors. About 3 to 1 percent of the limbs are—less than 3 percent are fabricated by our VA labs of lower extremities and 1 percent of the upper extremities are fabricated by our VA labs, and all the rest of the business goes to private industry.

Ms. CLARKE. Let me ask. What kind of outreach, including initiatives, and conferences does the VA Office of Small Disadvantaged Business Utilization use to build and maintain relationships with independent prosthetic contractors? Since most of the business is really outside of your purview. For instance, are you using the Internet and computer technology to establish quality control and information sharing regarding the latest in prosthetic technology?

Mr. DOWNS. Well, the OSDBU, which is the Office of Small and Disadvantaged Businesses, we work very closely with them to make sure that we are included in any programs they put out across the Nation and what their responsibility is, not only in prosthetics but across the board, that the VA's attention is on doing business with small business. So we work closely with them and they, of course, attend many conferences with small businesses and are always promoting that.

Ms. CLARKE. Just put a pin in that statement. Does the VA provide oversight? Is there a liaison so that you are clear on them meeting their goals in terms of that and what type of quality they are supporting in terms of businesses that are out there?

Mr. DOWNS. Yes, ma'am. OSDBU's job actually is to oversee what we do. The office of OSDBU, they answer directly to the Secretary. And so Scott Denison, who is in charge of that, why his job is to make sure we are doing our job. So he does performance measures on us which are presented to the Secretary every month, how are we doing in VHA, how is VBA doing, how is the cemetery service doing. And all those socioeconomic goals are broken down and they were raised for all of this year. And as you know, a law was just passed.

So our first place that we have to go to in VHA is to the small disabled veteran owned businesses. They are our first avenue that we have to look at in any business that we do now.

Ms. CLARKE. Do you feel assured that there is a quality control, there is enough communication vehicles to make sure that the standard of care, and I am just sort of referring back to something that Congressman Sestak said, the quality of care is available and equally distributed to all veterans who seek it?

Mr. DOWNS. Yes, ma'am. In the area of prosthetics, the reason that the ABC or BOC certification is so crucial is because that is the standard of care. Those are the—that is how we guarantee quality. Being certified, of course, doesn't mean that you are naturally the best. Certified means you have met the criteria that you should be at a certain level and so that is the only measurement we have actually, is that certification—and that is the same way that we do with our other medical areas too—is that whether you are a cardiologist or a physical therapist you have got to be accredited in your field before you can work for the VA and provide that care. And that is one of the ways that we determine quality. And there are other areas of quality, too, which are not so easily measured in the area of prosthetic/orthotics. Certification is one process, but then again is the individual receiving training in that device that they are wearing, that they are being provided.

So that is another aspect of it, that each of the amputee clinic teams is supposed to make sure—part of their criteria, has that person been trained on how to use that new limb, that new type of limb, are they being introduced to the new technology. So those are all constant signals that we send out to people. But the certification is something that guarantees us at least equal access of the quality—the potential for quality.

Ms. CLARKE. Thank you very much, sir. My time has run out. Thank you, Mr. Chairman.

Chairman BRALEY. Mr. Downs, because of the importance of your testimony, we are going to open up to a brief second round limited to 2 minutes per person. So I would ask you to keep your remarks focused so that we can move quickly through this.

But one of the concerns that has bee raised by independent O&P providers is that the terminology and the processes used by the VA have sometimes not kept up with current thinking in the O&P community. Specifically there has been criticisms that some of the RFPs that are used are error laden and contain outdated terminology.

Can you tell us what the VA is doing to address those concerns and make sure that the internal departmental framework matches up to what is going on in the industry?

Mr. DOWNS. RFP.

Chairman BRALEY. Requests for proposals.

Mr. DOWNS. I didn't realize that that was a problem, and I will immediately address it.

Chairman BRALEY. And maybe some of our other panelists can address that in their remarks and follow up with you.

The other question I had for you is we know when someone loses a limb outside the VA system and they are either being cared for by Medicare or sometimes by private pay, one of the things that

is often critical in helping plan for the long-term care needs of those patients is either a prosthetic needs analysis or that may be incorporated into a broader life care plan. This gets back to my concern I raised earlier about the total impact of a prosthetic device and the need for that type of long-term care.

Many of the young men and women who are coming back from Iraq and Afghanistan are in that 20-year age range. They are going to have a 55-year life expectancy. So is the VA doing anything to do metric planning for the long-term care needs so that we in Congress can be better equipped to talk about what it is going to cost over the life expectancy of these returning veterans as we are doing our long-term financial planning here in Congress?

Mr. DOWNS. Our metric in that area is our budget planning and the numbers of disabled that we serve. And in that respect, yes, we project out in the coming years, the age of the veterans, the type of devices and the increase in the cost and the potential of new technology. We factor it into our budget. So that is how we forecast the metric to take care of that.

Chairman BRALEY. Thank you.

Mr. Davis.

Mr. DAVIS. How does the VA ensure that veterans are receiving consistent care across the country from prosthetic providers?

Mr. DOWNS. Well, we have our feedback mechanism on that, of course, is from the veterans themselves. But the amputee clinic teams, they are the ones who evaluate the limb after it is fabricated, the individual—the patient is supposed to come back into the amputee clinic team and show the amputee clinic team his limb or her limb and the team asks him a number of questions, are you satisfied with it, does it fit, et cetera, et cetera, and only then will the VA pay for it. That is the process. So that is the quality assurance there.

Mr. DAVIS. One last question. How does the acquisition process differ from the national contracts versus local contracts? Is there a difference?

Mr. DOWNS. No. Well, yes and no. National contracts, we establish the contract and the pricing structure. And then that is how—that is what every one of the individual facilities then must pay to use that contract. At the local facility when they do a contract, it is negotiated locally so they are in charge of what that structure would be, the pricing structure, and it is different at each place. We don't have a national contract for artificial limbs or orthotics.

Mr. DAVIS. Thank you. I yield back.

Chairman BRALEY. The gentlewoman from New York, do you have any further questions?

Ms. CLARKE. Thank you, Mr. Chairman. Mr. Downs, how does the VA analyze or track prosthetic devices utilization and how does it schedule repair and replacement of prosthetic components and technologies?

Mr. DOWNS. That is a difficult thing for us to do. We know how many new devices and what type and we have our repair costs. So we know what we pay for repairs each year. But we haven't—we track through our compliance with the contract, the types of limbs that are provided, and so what we look for there are trends. Do we

see an increase in the number of C-Legs, for instance, and—but we don't really have a way of analyzing it beyond that.

The uniqueness about an artificial limb is that the patient has got to be happy with it. And one of the questions we always have is, well, we issue it to them, do they wear it or do they stack it away. So one of the ways we check on that is do they come back. Because if they are coming back, they are regular users. If we provide it to them once and they don't come back—

Ms. CLARKE. Do you think it would be valuable to sort of set up a separate sort of database that is dedicated specifically to this data and then having that available to distill and really, you know, follow up on it?

Mr. DOWNS. Absolutely.

Ms. CLARKE. And if a veteran has the option of using a VA laboratory or a contractor, what are the advantages and disadvantages with each choice?

Mr. DOWNS. There is none really. It has to do with the personal preference. Sometimes if you like the prosthetist—it depends on how you are treated. Did the people in the VA lab treat you nice, did they fabricate a quality limb and you are comfortable with it, you are going to go back. If you are not comfortable with it, you are not going to go back. That is clear cut. You can't make an individual go to a prosthetist that is not doing a good job for them. And the strange thing about it is, is that I may think this prosthetist is good, but another amputee thinks that prosthetist is terrible. So that chemistry stuff comes in there, too. But there are no negative consequences there.

Ms. CLARKE. Thank you very much. Thank you, Mr. Chair. I yield back.

Chairman BRALEY. Mr. Downs, thank you for taking time from your very busy schedule and joining us today. We really appreciate your testimony and look forward to continuing to work with you on these very important issues that affect our Nation's veterans.

At this time, I would like to call our second panel up and ask them to be seated so that we can begin with their statements. Before we begin with the second panel, I want to apologize to you for the constricted environment you find yourself in at the table. This is not our normal hearing room for the committee and it is currently under renovation over at Rayburn. So we would not have these columns here if we could create the ideal hearing room. But thank you for your indulgence.

I will introduce each individual witness and allow them to give their statement before moving on to the next one. And, Mr. Davis, you will be introducing Mr. Smith; is that correct?

Mr. DAVIS. Thank you.

Chairman BRALEY. Our first witness on Panel II is Captain Matthew Bacik, who is a 2002 graduate of the United States Military Academy. He served two tours in Iraq and one in Afghanistan. Captain Bacik has served in the 82nd Airborne Division, and I have to tell you that my colleague and friend from Pennsylvania, Patrick Murphy, will be delighted to hear that you joined us here today. And the elite Special Operations Third Ranger Battalion. He received three Purple Hearts and a Bronze Star over the course of 14 total months deployed. He medically retired from the Army in

2006 after losing his right leg below the knee, the result of an IED attack near Baghdad.

Captain Bacik currently coordinates the Wounded Warrior Project—thank you for that—where he performs outreach services for OIF/OEF soldiers and veterans in Alabama.

Welcome.

**STATEMENT OF CAPTAIN MATTHEW BACIK, RETIRED ARMY**

Captain BACIK. Mr. Chairman, Congressmen, thank you for giving me the opportunity to be here today. It is an honor. I would like to share with you just my experience in transitioning from the battlefield to the civilian world.

I was deployed three different times, Iraq in 2003 with the 82nd Airborne Division, Third Ranger Battalion in Afghanistan and Iraq in 2005, and received a total of three Purple Hearts, all from improvised explosive devices. My third injury destroyed most of my right foot, and I underwent a total of 13 reconstructive surgeries before my leg was amputated on the right side below the knee.

Shortly after the amputation, I chose to pursue a medical retirement. My experience is somewhat unique. I did not have an amputation at Walter Reed and have always relied on private providers for my prosthetic care. The VA system has been very beneficial to me for three specific reasons: One, the VA has paid for and approved the absolute best equipment that I could ask for; two, communication between myself and Mr. Fred Downs' office through their open forums; and, three, I have established a very strong relationship with a provider who is a member of my local community.

I would like to focus on the relationship that I have established with Glenn Crumpton of Alabama Artificial Limb and Orthopedic services in Montgomery, Alabama. Glenn is a certified provider; however, he does not hold a contract with the VA. His family has been providing prosthetic arms and legs for veterans from every conflict since World War II until the present. And just as important, before the wars in Iraq and Afghanistan, Glenn had experience making legs for all different types of amputees, both active and not so active folks.

Glenn's patients wanted to run, bike, swim, skydive and ski in the best available equipment and Glenn's shop has a wealth of trade knowledge in crafting these custom fit prosthetics that enable folks to do those very challenging physical activities. He has an unparalleled conviction to learn and grow with his patients and carries the heavy burden. If the leg he manufactures isn't right, the patient's life isn't right.

Last month, I met Glenn twice at 6:30 a.m. before work to work on my new running leg. Just last week, I broke my every day—my main foot. Glenn and I checked our respective schedules and by chance we were both in Birmingham, Alabama on separate business. Glenn had a foot shipped to the hotel that he was staying at and when our respective engagements were completed, I met Glenn in his hotel and I had a new foot put on and I was 100 miles from my home and 100 miles from Glenn's shop.

Most of our work together has been on weekends, evenings and in early mornings, and he provides that same level of care to all his patients. The interesting thing, how did I find Glenn? It was

just good luck. He doesn't hold a contract with the VA and had I not been resourceful enough and, you know, capable enough after returning from the war and retiring from the Army to go out and seek this gentleman, I might not have ever linked up with him. And if you consider the stresses of such a traumatic life changing injury, I was very fortunate to be able to research on my own and vet the different providers that were available to me and come up with who I thought would be the best fit. The VA in my area uses a national company and—not a national contract holding company, a company that is very large, having offices across the Nation. And they hold the contract for the prosthetic care out of the Montgomery facility. A lot of times with such a large private provider, there is a lot of lateral transfers and there is a lot of up and down transfers of personnel and you are not able to establish that same relationship with a gentleman or a lady who is going to live in your community and be, you know, by your side for that next 55 some years of your life expectancy.

The benefits of the relationship Glenn and I have established can easily be transferred to other veterans if they know he is there and know his capability. In the VA clinics, Glenn has been allowed to attend with his current patients, but if a new patient comes into the clinic, the firm holding the contract automatically receives the work unless the veteran has somehow linked up with Glenn prior to the clinic, at which point Glenn can bring him to the clinic as his patient, his representative.

For me, VA at the national level has been very instrumental in helping me learn about what my options were, what was available to me and how to navigate the prosthetic system as a disabled vet. Mr. Downs' forums have been an invaluable part of keeping good communication flow between not myself but many other different veterans. Many of the civilian nonprofit organizations that try to supplement and point vets in the right direction also attend those forums.

And on a final note I would just like to say again that the VA has paid for any type of equipment that I have asked for and that I have needed, and they have done an excellent job of following up on and checking on my progress to make sure that I am using the equipment that I have been provided. And I would just like to close with that.

[The prepared statement of Captain Bacik is included in the appendix.]

Chairman BRALEY. Thank you, Captain, and thank you for your service to our country.

Our next witness is somebody that I know very well. He is not just a friend, he is a neighbor of mine in Waterloo, Iowa. Dennis Clark serves at the President of Clark & Associates Prosthetics and Orthotics, headquartered in Waterloo. The company was originally started in Waterloo by Mr. Clark's father Dale. Dennis purchased the company in 1987. There are now four locations in Waterloo, Marshalltown, Dubuque and Mason City.

Mr. Clark has served as past President of the American Orthotic and Prosthetic Association and the American Board for Certification in Orthotics and Prosthetics. And if I may be allowed to in-

dulge just a second, my father went ashore on Iwo Jima the day both flags were raised and he had a very high standard for heroes. There are many people in this room today who meet that standard. But I just want to say that Dennis in my mind is one of the people who deserves our honor and respect. When he saw the need for returning veterans coming back with prosthetic needs, he made the trip to Walter Reed for 20 months on his own dime, staying here in Washington, D.C. On his own dime to provide the care that our Nation's veterans deserve.

And I have a picture of him here holding a heater out at Walter Reed working on a socket. And, Dennis, you are the type of inspiration that we wish we could clone and send across the country of Americans who saw a need and responded and at great personal sacrifice. I am very proud to have you here today, very proud to call you my friend, and we look forward to your testimony.

**STATEMENT OF DENNIS CLARK, CPO, PRESIDENT, CLARK & ASSOCIATES PROSTHETICS AND ORTHOTICS**

Mr. CLARK. I thank you very much. Chairman Braley and Ranking Member Davis, I would like to thank you and the members of the subcommittee for creating this forum and for your participation in discussing this very significant issue, ensuring continuity of care for veteran amputees: The role of small prosthetic practices. And I am honored to be here to testify.

My name is Dennis Clark. I am a certified orthotist-prosthetist and owner and president of Clark & Associates Prosthetics and Orthotics, Inc., a small business located in Iowa with offices in Waterloo, Dubuque, Marshalltown and Mason City. My family's involvement in caring for wounded veterans began during World War II. My father, Dale Clark, also a certified prosthetist, worked for a company named Ray Trautman & Son in Minneapolis, Minnesota. He worked for the company for over 20 years, eventually buying out the Waterloo, Iowa location and incorporating Dale Clark Prosthetics in Waterloo in 1968. It is no small coincidence that I began working for my father in the summer of 1968, eventually purchasing the company from him in 1987.

As Chairman Braley indicated, in September of 2003, I was contacted by a representative from Walter Reed Army Medical Center and asked if my clinical staff and I would be willing to spend the remaining months of 2003 helping provide lower extremity prosthetic care to soldiers returning to Walter Reed from Iraq and Afghanistan. We proudly accepted this opportunity to serve and in fact continued providing care at both Walter Reed and occasionally at Bethesda Naval until the end of May, 2005. During that time we were honored to provide prosthetic care for over 300 soldiers.

Since our departure from Walter Reed, Clark & Associates has continued to provide prosthetic care for a small number of service connected veterans from the current conflict as well as a number of other nonservice connected veterans and as well as service connected veterans from other military actions.

My primary concern here today is making sure that these soldiers continue to have access for quality care and current technology. To this end, it is important that the VA maintain its position on qualifying practitioners by requiring American Board for

Certification in orthotics and prosthetics, ABC certification, as a minimum requirement for persons providing care to our Nation's veterans, as well as requiring facility accreditation also by ABC, being part of the standard for companies providing orthotic and prosthetic care to veterans.

Since this is the first war fought in what I would call the Information Age, more media coverage and public focus has been placed on prostheses and prosthetic rehabilitation than at any time in the history of prosthetics. This fact, coupled with the reality that advances in prosthetic industry are arguably bolstered by the effects of war, suggests we will see more new technology in the next decade than in all of the previous decades.

Technology for technology's sake was not part of our thought process or protocols at Walter Reed. We steadfastly attempted to match technology with the associated function and use of the prostheses in order to meet the patient and the care team's goals and objectives.

In the past, new technology in terms of techniques, materials and components mostly came from within the profession. However, today scientists and researchers from various digital and microprocessor oriented backgrounds are making significant new contributions in advancing prosthetic outcomes. This trend will continue into the future. That is why it is so important that training and comprehensive training and knowledge is required to use these new technologies within a patient's prosthetic management will further highlight the need to qualify and measure the performance of not only the prostheses, but prosthetic providers.

In addition to my role at Clark & Associates, I am also President of POINT Health Centers of America. POINT is the only United States prosthetic and orthotic network consisting of 100 percent ABC accredited facilities. Each of these 146 member companies are independently owned small businesses. These companies are acutely affected by any VA prosthetics and orthotic procurement decisions. Accordingly, effective communication relative to VA contractor regulations and other administrative requirements is vital to these small businesses.

In closing, it is critical that we remember the discussion we are having here today will affect this current group of wounded warriors for the next 40 to 50 years as most of them are in their early to mid-20s. The groundwork for the investment we make in their care today should be as important as the sacrifices they made for our freedom. We have not yet seen the depth and breadth of the contributions of this differently abled group of Americans has made. But having worked with hundreds of them, I firmly believe in time this group of volunteer soldiers will one day be known as the next greatest generation.

Thank you.

[The prepared statement of Mr. Clark is included in the appendix.]

Chairman BRALEY. Thank you. Our next witness is Mr. James Rogers, who currently serves as the President of the American academy of Orthotists & Prosthetists. In 1994, Mr. Rogers founded Orthotic and Prosthetic Associates in Chattanooga, Tennessee. It is

the largest provider of O&P services in the tri-state area with eight offices in multiple clinical specialties. The American Academy of Orthotists & Prosthetists was founded in November of 1970 to further the scientific and educational attainment of professional practitioners in the disciplines of orthotics and prosthetics.

Welcome, Mr. Rogers.

**STATEMENT OF JAMES ROGERS, CPO, FAAOP, PRESIDENT, AMERICAN ACADEMY OF ORTHOTISTS & PROSTHETISTS**

Mr. ROGERS. Thank you, Chairman Braley, Ranking Member Davis. I would like to thank the members of the subcommittee for allowing us to testify today. The American Academy of Orthotists & Prosthetists, the Academy, is the national membership organization that represents the interest of the orthotic and prosthetic professionals.

It is a privilege to be a part of a profession whose work helps people who need orthotic and prosthetic services resume full and productive lives and to be able to continue to support themselves and their families. We have a proud history in our profession of working to serve veterans and working with the VA. We do this both through contracts between small businesses and the VA and also by having many of our members actually work within the VA system.

Over 60 percent of our membership actually own a small business or work for one. They work in all sorts of settings, including large cities, suburban communities and the most rural areas of our Nation.

The services we provide for veterans and the Veterans Administration is some of the most important work that we do as professionals and as Americans. One way to thank veterans for their service is to ensure that the VA and the many small businesses who are contracted by the VA provide the needed orthotic and prosthetic services and that they will be available to meet the needs of the veterans for the rest of their lives.

We need to remember that the VA not only serves veterans who return—a veteran who returns from war with a service related injury, but they will also serve the needs of patients in the future through the normal aging process and the possibility of acquiring a disability or an injury later on as they develop. With modern technology, we can return a veteran who has an amputation or another severe orthopedic injury to full functionality and give them the ability to continue to support themselves and their families and to participate as fully in society as they wish to.

But why is the involvement of small business so crucial to the success of our rehabilitation efforts with veterans? To answer this question, you have to understand the history of our profession. Before the First World War, prosthetic and orthotic businesses were not allied health professionals. They were by and large craftsman from a variety of different professions who were introduced to the disabled community through personal contact and circumstance. After the conclusion of World War II, the large influx of amputees and young men without careers created an enormous need for these services and an opportunity to advance the technology.

With funding from the Federal Government and specifically the VA, prosthetic and orthotic education and training programs were begun at a number of select universities. Many of those trained were veterans themselves. The majority of the current 3,500 O&P facilities in the United States remain small businesses and many are even family owned. It is not unusual at the Academy's annual meeting in scientific symposium to see more than one generation take continuing education courses together.

An example of this cooperation between the VA and small prosthetic businesses is a veteran I will call Jack. He is a young man from rural America where family, farming, hunting and fishing define one's existence. He lost his dominant right arm in an RPG attack while serving as a gunner on a Bradley in Iraq. He was stabilized in country and arrived at Walter Reed within days of his injury. While as Walter Reed, Jack was there for 3 months alone without his wife and his three young children. When I met Jack, after his transition from the DOD to the VA system, he had already received four prostheses, three at Walter Reed, one through the VA contracted provider set up. None of these prostheses were suitable for the activities he would resume back home. He was frustrated, he was angry, and he was referred to me as a problem case.

He recognized that the care and service he received was quick and of the highest technological value, but that wasn't what he wanted nor what he needed. He needed a prosthetist that would allow him to work as a conservation officer in a variety of weather conditions and make a prosthesis after listening to his needs that would suit those needs. He needed a prosthesis that would allow him to shoot a bow, hold and fire a shotgun or a rifle, enable him to fish with his children and take a creel study in a local lake.

What he received was the very best technology we have available in myoelectric and cosmetic prostheses. What he lacked was a local prosthetist who understood his day-to-day existence and appreciated what was important to him and how that translated into a specific design. After I made the rugged weatherproofed prosthesis that he required, he has invited me back several times to Kansas to hunt and fish and spend time with his family, and it remains one of the most rewarding experiences I have and it is an example that highlights the relationship of the VA and small businesses and the necessity for that.

We need to continue this contracting process and the intimate relationships that it fosters. We, the Academy and our professionals, appreciate the good working relationship we have with the VA and Fred Downs and his staff, and it is our goal to continue to work to develop a closer relationship in the area of research and particularly to look at best practices in the O&P field.

I would like to again thank the committee for holding this hearing and allowing me to speak.

[The statement of Mr. Rogers is attached in the appendix.]

Chairman BRALEY. Thank you. Our next witness is Mr. Tom Guth, who is the President of the National Association for the Advancement of Orthotics and Prosthetics. Mr. Guth is also the owner of RGP Prosthetic Research Center, the largest prosthetic manufacturer on the West Coast. Founded in 1987, the National Associa-

tion for the Advancement of Orthotics and Prosthetics is a nonprofit trade association dedicated to educating the public and promoting public policy in the interest of O&P patients.

Welcome.

**STATEMENT OF THOMAS GUTH, CP, PRESIDENT, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF OTHOTICS AND PROSTHETICS**

Mr. GUTH. Thank you. Thank you, Chairman Braley, Ranking Member Davis and members of the subcommittee. Thank you for this opportunity to testify on the role of small prosthetic businesses and their important work with veteran amputees who rely on quality prosthetic care or artificial limbs to return to full function.

I am Tom Guth, and I am a certified prosthetist for RGP Prosthetic Research Center. I am here as a small business owner. RGP Prosthetic Research Center in San Diego was started by my father in 1947, and today RGP is one of the premier prosthetic clinics in the country. I have dedicated my career to developing new ways to increase the quality of life and comfort of amputees who use artificial limbs, many whom are injured and amputee veterans who wish to continue an active lifestyle.

I am here today representing the National Association for The Advancement of Orthotics and Prosthetics. NAAOP is a nonprofit trade association dedicated to educating the public and promoting public policy that is in the interest of orthotics and prosthetic patients and providers who serve them. I am testifying today to bring forth the view of small business professionals serving O&P patients, particularly those who work with our Nation's veterans through the VA.

RGP has served veteran amputees as a component of our prosthetic practice for over 6 decades and we are proud of our service to the VA. However, the current system is not always without challenges to both the veteran in gaining access to appropriate prosthetic care and the private practitioner in serving that patient.

Take, for example, my patient of nearly 40 years, who I will refer to as Tom to protect his confidentiality. I first designed and fabricated a prosthetic limb for Tom after his return from Vietnam where a land mine had taken off one of his legs above the knee. For nearly 40 years, I have worked with the local VA prosthetic chief and Tom to provide high quality prosthetic care. Recently after 8 years of walking on the same prosthetic limb, Tom came to my office with a VA prescription for a new prosthesis with the same design as his existing limb. But technology had changed dramatically over the past 8 years, and I recommended that Tom receive a microprocess prosthetic knee unit that would allow him to walk more consistently and safely. Tom wanted to try the new knee, but the local VA staff denied Tom access to the microprocess unit, stating that he did not need the more recent technology and generally giving him the run around. Tom then became ill and is fighting to return to his health. His request for the microprocess knee has not been approved to this day, although he could have benefited from it for months now.

So it is important to realize that the positive pronouncements and the favorable signals from the national VA office that the pro-

gram covers whatever the amputee veteran needs are sometimes lost in translation at the regional and local levels.

As service members return from Iraq and Afghanistan with amputations and neuromuscular skeletal injuries, many will need prostheses and orthoses. The VA contracts with the utilized private business to provide prosthetic care to approximately 97 percent of the O&P patients. However, as it stands, anecdotal evidence suggests that there are significant inconsistencies and access to quality O&P care throughout the country. It also appears that in some areas of the country, such as San Diego, the VA is actively working to increase the amount of O&P care provided in house by a VA hired O&P staff and decrease veterans access to the private O&P practices and professionals who have served the VA patients well for decades.

Overall, with the collaboration of small business, the VA has provided quality orthotic and prosthetic care to the veterans over the years, whether or not their underlying impairment was service connected. But there are many areas where inconsistencies across the country are apparent and require improvement.

The adoption of the VA several years ago over regional decision making through the VISNs, the regional service network, has highlighted these inconsistencies. It is imperative that the VA establish standards that all veterans understand and can rely on with regards to their prosthetic and orthotic needs.

This is why NAAOP supports H.R. 5730, the Injured and Amputee Bill of Rights. H.R. 5730 proposes the establishment of a bill of rights for the recipients of VA health care who require orthotic and prosthetic services. This bill of rights will help ensure that all veterans across the country have consistent access to the highest quality of care, timely service, and the most effective and technology advanced treatment available. NAAOP believes that the adoption of a bill of rights will establish a consistent set of standards that will form the basis of expectations of all veterans who require orthotic and prosthetic care.

The bill proposes that every VA facility throughout the country be required to promptly display the bill of rights. In this manner, the veteran across the country will be able to read and understand what they can expect from the VA health care system. And if a veteran is not having their orthotic and prosthetic needs met, they will be able to avail themselves of their rights.

To improve the current bill, we propose that a copy of the bill of rights be required to be provided in paper form to every veteran attending the amputee or rehabilitation clinic and that each patient sign off on the clinical file to indicate that they have received and read the document.

In addition, we propose that Congress direct the VA to establish a toll free dedicated telephone number to report instances of noncompliance with these rights as an ombudsman could help resolve this agreement.

NAAOP thanks this committee for examining how small prosthetic businesses work with the Department of Veterans Affairs to provide for the needs of veterans with injuries and disabilities requiring orthotic and prosthetic care. I thank you for this opportunity to testify before the committee.

[The prepared statement of Mr. Guth is included in the appendix.]

Chairman BRALEY. I thank you. Mr. Davis.

Mr. DAVIS. Thank you, Mr. Chairman. I would like to introduce a fellow Tennesseean, Christian T.Z. Zach Smith. Zach, welcome. Zach is President and Co-Owner of Victory Orthotics & Prosthetics, Incorporated. Victory has three offices and 19 full-time employees.

Zach graduated from the former Median School for Allied Health located in Pittsburgh, Pennsylvania. He is board certified in both orthotist and prosthetics and licensed to practice in the State of Tennessee.

Zach was inspired to enter the orthotic and prosthetic field by his dad. His father incurred a below the knee amputation in 1991 and has enjoyed a full and active life since. He enjoys working in his profession because it allows him daily to experience the reward of helping amputees to live a fulfilling life by enabling them to walk, run, work and contribute to society.

Zach, welcome.

**STATEMENT OF CHRISTIAN T.Z. ZACH SMITH, COP, BOCOP, PRESIDENT AND CO-OWNER, VICTORY ORTHOTICS & PROSTHETICS, INC.**

Mr. SMITH. Thank you. Thank you, Congressman Davis and Chairman and the committee, for your time and dedication to our deserving veterans.

As Congressman Davis stated, I have experienced the VA process personally with my father's amputation and professionally as a contracted provider, and my father's positive prosthetic experience is the reason I am in this profession.

As a prosthetist, I am involved in several clinics. The clinical model I participate in at Mountain Home in Johnson City is the most efficient and patient oriented clinic that I have the privilege of participating in. The primary reason for the success of this clinic is the team approach to care. In attendance is a physician of rehab, physical therapist, a kinesiologist, the VA's prosthetic rep, and the contracted orthotist and prosthetist. The role of each member is as follows.

The physician is present to explore the full medical history and current medical condition of the veteran. In addition, she determines if the veteran's current health condition can sustain the use of the proposed prosthesis or orthosis.

The physical therapist and kinesiologist are present to review and present the physical therapy history and current treatment modalities. They also discuss future therapy needs of the prescribed orthosis or prosthesis.

The contracted orthotist and prosthetist discuss as a team the most appropriate prosthesis or orthosis to best treat the patient.

The prosthetic rep is present to facilitate the paperwork and coordinate all aspects of his or her care, including the prosthesis, physical therapy and possibly an additional assisted device. Once the veteran has chosen a contract provider and the provider delivers the prosthesis, the veteran returns to the VA clinic for final delivery.

This process is very efficient from the initial evaluation to the delivery, and the VA is also involved in following the patient to confirm the efficacy of the prescribed orthosis and follow-up treatment. Despite the strength of this model, I believe we can improve in the following ways.

I recommend the following: A preamputation consultation. This benefits not only the patient but the family involved by informing them of post-op pain management, post-op fall precautions, post-op care and follow-up and explore the options of an immediate post-op prosthesis. In addition, the amputation consultation may involve the surgeon to discuss the amputation level and possible procedures. This ensures efficacy of the future prosthesis and may involve the patients on his or her prosthetic options. Immediate post-op prosthesis is great for early ambulation, optimal healing position, residual protection, edema control and a physiological benefit for the patient and the family.

Improved communication between the DOD and the facilities is necessary. I have been informed of difficulty in obtaining prior medical history when the veteran is transferred from the DOD facility to the VA system.

In addition, I would recommend improved provider selection accommodations. Selection of a vendor based on geographical location is unfair. He or she should be allowed to review the education, the certifications and the experience of the prospective facility and prosthetist. In keeping with this, facilities should provide assurance of this information. I believe we need to develop a standard of care and a method of sharing technology.

I have explained this process because from my knowledge, not every VA clinic is set up in this particular configuration. As an example, I would like to read a short story of a veteran I had the privilege of taking care of. An example of my positive experience as a VA contractor and small businessman is apparent in my experiences caring for a veteran with an above knee prosthesis in 2007. For the sake of privacy, I will refer to him as John.

John had been an amputee since 1971. He incurred a traumatic amputation which left him with a very short above knee residual limb, 4 inches in fact. The trauma of losing a limb and the difficulty he experienced with ill-fitting prostheses over the years had him contemplating suicide in several instances.

However, he came to grips with his situation and has used the prosthesis ever since. When we first evaluated him, his residual limb was bloody, extremely painful and he had severe low back pain. He commonly had to refrain from activities that required a lot of physical exertion. However, given the fact that he owned a farm required him to participate in strenuous activities, the days following those activities forced him to remove the limb for several days until his residual limb had healed. He repeated this painful cycle over and over again for the last 37 years.

Our desire to provide the highest technology and best possible care led us to attend an educational event that taught a method of socket design that far exceeds anything we had previously used, the negative pressure system. In short, we fabricated and fit John with the NPS style socket that has forever changed his life. He wears the limb each and every day. His residual limb is now

healthy and pain free. And most importantly, he has returned to work on his farm, providing for his family and improved his sense of self-worth tremendously.

Competition driven patient care. Independent contract providers exist in a very competitive market outside the VA system. We are required by our credentialing organizations to maintain continuing education levels. This market is not based on price, but on service and clinical competence. When price is a determining factor, the low bidder wins and service is no longer a consideration in patient care and commitments to continuing education sometimes falter. In fact, service may be cut to make the process profitable for the provider.

In the private sector, fees are relatively fixed and clinicians are forced to stay current with technology and technique. The level of service provided determines the success, failure of the provider. This type of competition exists in the clinic that I attend and ensures a high level of service and guarantees that veterans will receive quality care with the highest appropriate technology.

In summation, I am proud be to a contract provider in the VA system. This is a great system and in my region it works very well. However, the vets we treat have risked their lives and sacrificed their limbs. They deserve the highest level of care and expertise we can offer.

Battlefield medical advancements have saved many lives that would have been lost in previous conflicts. The results are more severely wounded soldiers and more complex amputees to care for. These wounded soldiers deserve every advantage to restore them to productive sons, daughters, fathers, mothers and whatever else they desire to be. We owe it to them to create and maintain a system of contracting that serves them all.

Thank you.

[The prepared statement of Mr. Smith is included in the appendix.]

Chairman BRALEY. Thank you, Mr. Smith.

Mr. Guth, I want to start with you and the story you were telling about the patient you were caring for about the micro-process knee. Do you remember that?

You know, I have had the opportunity over in the Rayburn Building to see some amazing advancements in upper extremity technology with neuro motor driven prosthetic devices. And this gets back to one of the points I made in my opening statement. You seem to be not very satisfied with the overall relationship that the VA has with small businesses and expressed concerns about the inconsistencies and how they are treated by their local VA.

How would this Injured and Amputee Veterans Bill of Rights address some of that different treatment and help veterans get the type of care selection that you feel they deserve?

Mr. GUTH. Well, what happens is that the Bill of Rights is actually the rights that the VA already has in place for these amputees and orthotic patients. The problem is that the VA is not going out of its way to educate its patients on exactly their rights. They tend to just not let them know that they have the right to go outside the contract, to go to any provider they want to go to. They don't

tell them that they have the right to have a micro-processed knee or the latest technology. They don't tell them that they have a right to have a leg for the shower or the swim, you know.

So I think what is happening is between the national office saying the guy can have five legs and they can all be micro-process if they want to. And down to the VISNs, it doesn't communicate that way. I think the VISNs are being more controlled by the bean counters than the policy at the VA.

So they are fearful to give these kind of products that cost a lot of money to these veterans, and also some of the new contracts that they put out—now, my company was contracted for the last 60 years with the VA. We just lost the contract. And some of the new contractors have never worked with VA patients, have never had a VA contract, do not have some of the qualifications required to put on micro-process knees or propiol feet or the new i-Hand that you are talking about.

So they are limited. The VA is not going to order those parts if the contractor that they are dealing with doesn't even have the license to do it. But some of them do. You know, it is not all of them. But it is just that I think that the VISNs are just not giving the patient their rights. If the patient knows his rights, he will be able to, you know, get done what he needs done.

Chairman BRALEY. Thank you. Captain, I first had contact with Mr. Clark's business when one of my clients, a young man about your age, had a below the knee amputation in an unguarded auger accident. And he was very concerned as a young man about his future and what types of mobility he would have as he progressed if his life. I was just hoping you might be able to share with us what a typical, young veteran with a below the knee amputation or an above the knee amputation goes through as you are trying to deal with planning for the rest of your life, coping with the rehabilitation process and how vital the VA benefits are as you are going about that.

Captain BACIK. Yes, there is a couple of different phases that the soldier, you know—that the veteran would go through. And the first is when you are transitioning from DOD to VA and a lot of that depends on where you are transitioning to, what vision that you are heading to. Once you are in the VA system and you start to figure out, okay, what am I going to do with my life and that leg, getting that leg straight, getting that leg right is definitely your first priority. And I think that, you know, the nonprofits have a role to play and maybe we should have thought about maybe representing that role a little bit, too, at this table. But a lot of these problems that happen in certain parts of the country have already happened where I am at and we have already addressed them, and the way we are sharing lessons across the table is through these nonprofit organizations that are kind of there to, you know, just share lessons back and forth, meet with folks like this, talk to other veterans and I think that is where we could maybe make it better for people in different parts of the country.

And as you move out, I think they—Mr. Downs said maybe 800 amputees. So maybe we should expect to see about 40 amputees per State and if there is three main clinics, it is like 15 or 13 amputees in each State. Some of them are still going to be on active

duty, some are still at Walter Reed, some of them are not at the point in their health care yet where they are going in to see a prosthetist. So when you break it down to the community level, you may only have, you know, two or three amputees that have walked through a clinic that sees 2,000 OIF/OEF veterans. And without—it is important to educate the patients, but we also need to be educating the folks that we are entrusting to kind of guide the patients through their care. And if you are going to see 2,000 vets, you know, if I was a case manager, I would be worried first about PTSD because you are going to have a larger portion of that pile, have issues with that than you are going to have amputees. And getting the information to these folks about what programs are available for amputees is where I think the—you know, maybe the issue is.

As far as the capabilities—as you go up your leg, as long as you have your knee, you are fine, you can do anything, the sky is the limit. As you start to go up a little bit higher, life gets more challenging.

Chairman BRALEY. One of the concerns that was raised in the Independent Review Group study was that—it was something that you talked about earlier in your opening remarks, and that is the impact of travel on someone who is in need of orthotic and prosthetic services. And they talked in the report about those veterans who are on TRICARE Prime who had a reimbursement allowance for mileage as part of that. But patients who were under TRICARE Standard had no similar reimbursement.

Is that something you hear veterans talking about as it relates to getting not only high quality care but also access to care, especially in a time of high gas prices?

Captain BACIK. Definitely, you know, people are concerned about that. And from the veterans standpoint, our time as a member of the civilian workforce is valuable to us. And you know there is a cost associated with spending 8 hours at the VA trying to accomplish something and, you know, making the correct phone calls, sending the correct e-mails while you are trying to manage a professional career and also, you know, be a father or a mother and, you know, have some kind of—have something to do on the side of that, just go play a game of golf or something. You know, that is all—our time is very valuable to us. And I think that having—you know, for me, having my private provider, he interfaces with the VA and does most of that war gaming on behalf of me because he has established that relationship at the local level. Very beneficial. He knows—you know, he is motivated because if he doesn't—if he doesn't get a leg made for me, he doesn't bring food home to his family. So he is motivated to make it happen, knows who to talk to, knows how to navigate the system.

As far as the traveling requirements, you know, my prosthetist lives about a half hour away from me and he has a satellite office in the same town I actually live in. So I will see him there or he will travel to see me, whatever he needs to do.

Chairman BRALEY. Thank you. Mr. Clark, as a leader in the O&P community, you have had the opportunity to talk with a lot of practitioners about the VA procurement process and its challenges. From your background and experience, can you share with

us what issue raises the most concern with O&P professionals about their interaction with the VA system?

Mr. CLARK. Yes. The concern that comes up most often is the technology issue and the contracting, the other two. It is technology, access to technology for patients where that technology is appropriate, not unlike the case that Mr. Guth talked about. That technology seems to make good sense is appropriate for that patient and there are occasionally constraints put in there. I believe that is getting better. But constraints can be put in there and hurdles can be made that are sometimes usurious to get beyond.

The other thing is just the contracting process. It is getting more complex, even how you are informed that there is the RFP out there. Getting that information is tougher to find. You almost have to be a watchdog or hire a watchdog to find that out for you in some of the VISNs. So those are the two big issues that are out there. I would like to say, you know, that seeing Ms. Russell as part of—a deputy for Fred Downs is great. She comes from Walter Reed. We worked with her at Walter Reed. She, like all the other people within the VA system, has such an incredible passion to make sure these things get taken care of.

So I think things are hopefully going in the right direction. This study obviously highlights many things.

Chairman BRALEY. What recommendations are you familiar with maybe coming from either professional associations, a certification board on how to deal with that communication problem within the VISN so that there is—you should be able to get 24-hour a day, one-stop shopping, check in, find out what is available, be involved in the procurement process, why isn't that happening?

Mr. CLARK. I think the Web site that has been created is going to be a great help and I think that kind of 24/7 access to information is going to be a great help. It takes time to disseminate that information. The VA is the largest health care system I think in the world. So it takes time to disseminate all of this information out to everyone. And everyone has their own little fiefdoms possibly within the business and the way they like to do things. Once we determine and are able to stabilize everyone with the same core values and the same core beliefs and the same core strategies, then we can go out and they can tactically do what they need to do within their VISNs.

It is going to be education both to the patient and to the people managing the VA centers and continued education like these town hall meetings, like the information that is on the Web site, like the information that gets sent out to those people that are managing this care.

Chairman BRALEY. Thank you.Mr. Davis.

Mr. DAVIS. Thank you again. You have provided some wonderful testimony and I appreciate each one of you. Captain Bacik, if you would, tell me a little bit about why you think Glenn chose not to contract with the VA.

Captain BACIK. Well, Glenn certainly tried to contract with the VA. And in the past he was a contractor on their books. And Dennis might know more details to the story. But at a certain point, I think when they transitioned to an electronic bid system for renewing the contract Glenn was not privy to the new system for es-

tablishing or renewing that contracting relationship. So he was taken off their contracting rule.

Mr. DAVIS. So he provides good health care, you the patient appreciates the care you are receiving and because of a computer glitch he was not able to contract? Is that what I hear?

Captain BACIK. Yes, sir. And of course that situation as I understand, and it might be more than a computer glitch, but basically it is a paperwork issue where his contract was not renewed. And he is very active in the State. It is not like—you know, he sits on—he was the immediate past President of the State Certification Board. So he is a well-known provider locally.

Mr. DAVIS. Mr. Clark, you look like you want to add to that, and I would love for you to.

Mr. CLARK. Again, I don't know—as Mr. Bacik said, I don't have 100 percent of the input. But I believe what happens is a similar story, and again I am relating it secondhand, as to what happened in Houston. The RFP was placed out there on a government Web site and I received an e-mail from someone one day telling me that no one in Houston replied. I find that a little bit hard to believe. No one in Houston replied because nobody knew it was out there. You had to reach out to that government Web site.

My guess is that Glenn didn't go to the Web site at the right time to find out that he needed to submit the RFP by a certain date in the way that it needed to be submitted. And because of that, he was eliminated as a contract provider by not responding the way he needed to in a timely fashion, even though he was not made aware of that fact.

I am speculating that that is the issue because the story, as Mr. Bacik relays it, is so familiar to what I heard from some folks in Houston. We actually hired someone in our company to watch those e-mails and let us know when that—when the RFP would come out so that we wouldn't miss that deadline.

Mr. DAVIS. And the smaller the business, the harder it is to have someone monitoring government Web sites?

Mr. CLARK. Without question.

Mr. DAVIS. Especially when you are in front of a small business committee. Has someone relayed these problems to Mr. Downs? Because this morning he sounds like he really wants to work with the provider community. Has anyone related this problem?

Captain BACIK. Glenn has been in contact with our VISN director. We are VISN 7 in Atlanta. It is headquartered there. And I know he has spoken with him often about it.

Mr. DAVIS. Sounds like this is something Chairman Braley and I may be able to work together on and try to find a solution.

Moving on down the line, Mr. Rogers, you spoke of a Jack. You said he had had four prostheses. Why did he have so many?

Mr. ROGERS. Well, I think what happened was that—according to Jack—is thatthere was such an emphasis paid on providing him quick care and high technology in a very busy environment at Walter Reed that it was very difficult for him to make the adjustments as an amputee that he needed to make. And he didn't have a lot of help doing it. And the next thing he knew he was being shipped back to Kansas and had prostheses that he was asked to sign for that really didn't relate to anything that he was hoping to do when

he got back. And he made a fairly quick transition through the VA system, at least from what I understand is normally the case, and had a single provider available to him who really didn't serve his needs well.

I think by everybody's estimation he wasn't cared for well by that particular provider in the VA system. Because he was referred to me through the Wounded Warriors at Fort Reilly and he had already transitioned into the VA system. The way he was able to do that is that he maintained his employment on the base. So they asked me as a noncontracting VA provider in the area if I would see him. And I think the emphasis—the lesson to be learned from this example is that the care of a local prosthetic and orthotic professional where an amputee knows that they are not going to see somebody for a brief period of time and then there is going to be a huge distance between them where that relationship is going to end, the local relationship fosters development in communication and there is an interest taken on the part of the prosthetist in that individual. And the individual knows that. And that is the model that has existed for a 100 years in the United States and provides the civilian population with excellent prosthetic care, and that model needs to be promulgated throughout the VA system.

Mr. DAVIS. I hear you saying Jack didn't get the care that he deserved and was due. A follow-up to that, do you think it was a good use of taxpayer dollars if he actually received—and we can be open and frank here. That is what—we are trying to learn. Is it good use of taxpayer dollars to buy four prostheses that ultimately end up costing taxpayer dollars and then you end up with the fifth limb doing the job?

Mr. ROGERS. Of course not. But I also think—as quickly as I say that, I don't think that example is reflective of the balance of care that is received through Walter Reed or Bethesda. And I think in this particular instance it could have been timing or the influx of people. It could have been Jack's personality and some of the adjustment disorders that he was going through with this, being without his family and so on.

It is not as easy to say, gee, he just was not served well and that is the norm of care there and it was not a good expenditure of taxpayer dollars. I think what it really illustrates is the importance of that communication because I know of many veterans that I have seen in Kansas who got excellent care and appropriate technology and felt like the care they received coming through Walter Reed was exceptional. So although I don't think it is a good use of taxpayer dollars in this instance, I don't think that is reflective of the care that occurs at Walter Reed.

Mr. DAVIS. So Jack was outside the norm?

Mr. ROGERS. I think so, yes.

Mr. DAVIS. In your opinion. Okay.

Mr. Guth, you talked about Tom. Why do you think his new micro-processor was denied?

Mr. GUTH. Well, he actually—he went to the clinic without telling me. So I wasn't there as a patient advocate for him. And that is when they prescribed him and told him that the micro-processor knees were kind of experimental, they broke down constantly, he

probably wouldn't enjoy it, go back to what you have here. You did well for 35, 40 years, you don't need anything different.

So he came in to me with the prescription. And I said, well, did you—and he said I asked them for a micro-process knee and they told me no. So I said, well, I don't think they have that right. But why don't—so he went back the next day not in a clinic and talked to the prosthetic chief and the prosthetic chief told him that you get this leg first and then you can go ahead and have your micro-process knee made. But first you get your spare leg and then—but you won't have to go through clinic to get this new micro-process knee, you have already been through clinic.

So he came running into me and he said, yes, you have to build me this one first but then I get my micro-process knee. I said, great, let me get on the phone to the VA and make sure that we are all on the same page. I got on the phone with the VA and they said no way, this man is not getting a micro-process knee without coming back through clinic. And then he went back 2 more days requesting the same thing and was turned down. And finally his health got bad and he had to go back home and he couldn't pursue it any further.

Mr. DAVIS. Was it your understanding from earlier testimony today that they can pick and choose their best equipment for their needs?

Mr. GUTH. Well, if you listen to Fred, they say they can have anything they want, including five micro-process knees if that is what they need. But that is not what is happening. Okay? I have two patients at the VA that actually have two micro-process knees, and the reason for that is because they deserve a functional spare. And once you have walked on a micro-process knee, I don't care if you have walked on this other knee for 40 years, you get used to that micro-process knee, you believe in it, you don't think about your prosthesis so much, you go back to your old leg and you fall. So the only functional spare for one of these micro-process knees is another micro-process knee. Both of these patients that got the two knees—and the only reason that—I am sure they are the only ones in all of VISN 22 that have two micro-process knees—is because they were World War II amps. One has been on anger management paid for by the VA since the war and the other one called his Congressman and told him off. And that is how they got the second knee. And the VA said, of course, you can have one.

Mr. DAVIS. Thank you.

Mr. Smith, you talked about John. Why do you think it took 37 years to provide him with the correct limb?

Mr. SMITH. Well, that is hard to decisively say. But in my opinion, he transferred to Mountain Home from a previous facility that wasn't run the exact way that the Mountain Home clinic is run. I think we are overlooking a simple solution to a lot of the problems that are coming forth today. And that is that in the clinic I participate in, there is a system of checks and balances. You know, it is not that somebody randomly chooses what is best for that patient. It is a team effort, everybody puts their head together to determine what is best for the patient. The patient goes to the chosen facility, he comes back and the follow-up care not only determines the need for physical therapy but it determines whether or not the device

prescribed to him worked. And I think that that is an injustice to the taxpayers and the patients and everybody involved to not have a system of checks and balances.

You know, I am not going to be as politically correct as Jim to say that I don't think it is the best use of taxpayer dollars to throw these limbs at these amputees right off the bat. There are several reasons for that. First and foremost, they don't know what to expect. These amputees just went through a traumatic experience. They don't know if they need a micro-processor to go to the job that they don't have yet. They don't know what the job is. In addition to that, every prosthetist sitting at this table knows that amputees, the dimensions of their limb changes over time. You know, you start off with a limb that has been through trauma, it has edema and swelling, the muscles have atrophied from nonuse. And to just fit someone randomly with four limbs is in my opinion ludicrous.

In addition to that, I will take the time to say that I disagree with contracting with exclusive providers. You know, in the model that I described there is multiple orthotists and prosthetists present. I believe that this is in the best interest of the taxpayers, the patients and the VISN. And the reason for that is that again there is a system of checks and balances. It is not one prosthetist doing the work and then having no one to say, yes, that is a good prosthesis or it isn't.

The fact that ABC or BOC certification is a minimal requirement doesn't mean that the prosthetist is good at what he does. We all know in different professions that there are people that are really good at what they do and others that aren't. So I think it would be in the best interest of everybody if this clinic model was used as a standard and that the providers who want to be in the VA system should be allowed to do that, provided they meet the requirements of certification. To have one provider is unfair. Competition is what our country was based on; a competitive market. And I don't think it is correct for the VA to disenfranchise that model. Competition makes better practitioners. That is just the way it is, whether in the private sector or the VA sector.

So in this case, as far as John, I don't think that there was enough follow-up care for this individual. He was a very difficult patient to fit. In the prior prosthetist's defense, it wasn't easy to fit him. Luckily I do continuing education constantly and I am always looking out for better technology and better techniques. And that is why in my testimony, I said I thought it was a good idea to have some type of a joint educational event that is specifically for VA vendors, providers and the VA personnel involved in that process.

Mr. DAVIS. You have outlined success there at the Mountain Home VA Medical Center. How broadly is that used across the country? Is it limited to just Johnson City, Tennessee or do you see it in other VAs?

Mr. SMITH. From my understanding, it is not used everywhere. Some of the participants in the clinic that I attend have been in different VA facilities and I have heard just from them that that wasn't the way that it was conducted in the facilities they had previously worked at. So for me to say across the board it is a stand-

ard or not a standard, I really couldn't say, but I have heard personal testimony to say that this model is not used in every clinic.

Mr. DAVIS. Can I get some of the other panelists to tell me, do you think that would be helpful if that was a standard?

Captain BACIK. I have used—I have been in that clinic model in two different systems, the Tampa VA and the Montgomery VA. And the way it works is the patient will walk into the room and there will be a board of leg makers that are—that have that contract and then the doctor will be there. The doctor will say, okay, this is what this patient needs, and then you go around the room and the providers say this is what I think we can do based on your capabilities and what has worked well for you in the past. And in Tampa, it worked great. And I think that is probably the textbook answer.

In the Montgomery facility, since Glenn didn't have the contract, if he doesn't bring you to that clinic as, hey, this is my patient, I am bringing you to the clinic, if you show up to the clinic on your own, only the person with the contract can reach out and say, hey, based on your capabilities and what you have done in the past and what you are wearing now, I think this would work well for you. In our clinic, you know, we have got—there is two providers and one of them has that voice and the other—you know, if the doctor says, hey, Glenn I think you should take care of this new patient, then Glenn is in the mix. If not, you know, he just kind of observes.

Mr. GUTH. Excuse me. The doctor is not allowed to say that, not a VA doctor. He is not allowed to refer to your practitioner, period.

Mr. DAVIS. That is good to know. And if you will bear with me, I am going to do one more question. And this will just be for anyone or everyone. How can the current VA model for orthotics and prosthetics be enhanced?

Mr. GUTH. I think you have to set national standards and make sure that all 22—he said there is only 21 VISNs, I thought Fred Downs said. Our VISN is 22. That may be why we are out there on the edge, we are outside the network. But you need to have a national program and each one of those VISNs have to be educated on exactly how to run it. You know, we have a prosthetic clinic like they are talking about, and for 60 years it worked out wonderfully but they took all the providers who did all the work and got rid of all of them and put in all new providers who hadn't seen any of these patients before, and none of us, the old providers, are allowed to attend those clinics unless our patient requests us to be there and we show up with our patient. We are only allowed into that clinic for that patient, and then we are kicked out.

Now, I think that that is a terrible way to do it. And then they are also not told that if you don't like these providers, you can go anywhere you want as long as the person is certified. And you can go to any State and go anywhere. We are not going to pay your transportation, but you have the right to go to any prosthetist that is certified in this country. And, in fact, I fit four or five patients that do not come from the VA in California. They come from—one of them comes from Tennessee because he wasn't getting service at his Tennessee clinic, and so he came out to see me and we forced the VA in San Diego to do what was right. And one of those was a micro-process knee. So—

Mr. DAVIS. Thank you. And I yield back.

Chairman BRALEY. Mr. Rogers, I want to follow up on your Jack story. One of the things you talked about was despite the fact that veterans have access to the best technology in theory, sometimes the VA fails to design prosthetics that specifically meet a veteran's job or lifestyle. I think this gets back to what I was talking about earlier, which is whether there is a lack of institutional forward planning sometimes that tries to look at what a veteran's future is going to look like and continues to track them as those needs change as they may be laid off from a job, going to a different type of job environment or their recreational needs change. In your opinion, what steps should the VA take to avoid that situation and what should be the role of the local prosthetist?

Mr. ROGERS. I think before I answer your question a distinction needs to be made. He received the majority of his prostheses, three of the four, from the DOD, not from the VA. So, you know, my experience with the VA process is such that I think the local prosthetist does that by and large. You know, in the civilian model, that relationship that is formed ensures that that happens. When an amputee's circumstances change or their needs change or their prosthesis is no longer serving them well, that is their function, that is their ability to get around day to day, things that we take for granted. They are going to come back to you if they have a relationship with you, and that is how you are going to know that.

I don't know that it is the VA's responsibility to monitor that in any way or if that is even possible. I do think, though, that the VA can provide a mechanism for communication. I think that the Patient's Bill of Rights is an excellent idea, if that can be disseminated so that amputees know that they can go outside of the contracted provider. I don't know that you want to wholesale revamp the contracted provider process, but making sure that noncontractor providers like myself are available to amputees and that the amputees know what their rights are and what they can do would go a long way to solving some of the problems that you hear and that you have heard at this committee.

Chairman BRALEY. Mr. Guth, one of the concerns you addressed was the increasing use at some VA centers of in-house staff to provide O&P services. What specific concerns does that raise to you in terms of the quality of care, the ability to monitor developments in technology and new advancements in O&P products and services?

Mr. GUTH. Well, up to about 5 years ago, the VA employed no certified practitioners whatsoever. We were vendors, all the work was done outside. They didn't have any certified people on board. The last 5 or 6 years, they have worked very hard, I think they now have, what, 60 practitioners and last time, about 6 months ago, I heard they had 40. The VA in San Diego is now hiring another prosthetist, orthotist to help take on the load, which if they are only doing 3 percent of the work they don't need another prosthetist or orthotist to take on the load.

When I was able just 2 weeks ago, I went to my clinic to show my patient off that had a new micro-processed ankle and they were all very impressed. But as I was being rushed out of the clinic, one of my old patients, who I had made a leg for 25 years ago and he

was still wearing it—and the reason I can tell that is because on the front we used to put our name and their Social Security number and their name. That was a VA requirement. They were carrying in four brand new legs. He is a BK, below the knee, four brand new legs made by the VA and he is wearing my leg that is 25 years old. Well, obviously he has rejected these four brand new legs and they still haven't solved the problem. Now, there is an example of lack—waste of taxpayers' money.

One of the problems when the VA does hire a prosthetist out of our industry, they are paid the lowest of anybody in the industry, below our standards. So they are not exactly hiring the cream of the crop but they are certified. And a lot of them are BOC, which is what we were just—even Fred said that is a little below ABC.

Chairman BRALEY. Mr. Clark, I don't think there is any doubt that the certification requirement has improved the overall quality of the service veterans receive when they have an amputation. But you have also expressed hope that we move toward facility accreditation as part of the standard for providers as well.

So given the fact that provider certification has successfully increased the level of service received by veterans, why do you believe that facility accreditation is necessary?

Mr. CLARK. Facility accreditation deals with much more than the governance procedures that are out there. We have to be able to communicate well, have excellent note taking, have communication back with the prescribing physicians, with other health care professionals. There has to be a process. If there is problem, what is your in-house process for dealing with a patient not being satisfied with the care or any conflict management that you might have internally. That facility accreditation goes way beyond just the physical specifications of the building; is it handicapped accessible, is it all this and that. It causes the provider not only to be good at the stuff working in their business, but good at the on their business stuff too. So they are working toward quality note taking, staying current and all those types of things with respect to running their business and running a quality organization.

That is just another standard that we can put out there to make sure that the people that are providing care to these deserving veterans not only are good at what they do, but their organizations are run well so these conflicts can be managed.

I am seriously hoping at some point also that some of this stuff that Tom and Zach and Jim have been talking about, once we start doing performance measurements, not only for the components of prostheses but for the functional levels of the people who receive prostheses, some kind of performance measurement—that takes some of this burden of who should provide this care and how can we select and how can we determine how this is done.

Using some form of evidence based care I think is the next step in prosthetics—no pun intended—the next step in prosthetics and orthotics, and I think an absolutely critical one that we take, especially in light of this large number of young active group of men and women who are going to be needing these services for generations to come.

Chairman BRALEY. Thank you, Mr. Davis. Do you have any further questions?

Mr. DAVIS. No.

Chairman BRALEY. I just want to thank all of our witnesses for this very informative conversation. I just want to close with one of the concluding remarks from the Independent Review Group report.

In the conclusion section where they wrote, generally the Nation must recognize that there is a moral, human and budgetary cost of war. When we engage in armed conflict, we must recognize those costs and be prepared to execute on those obligations. I can think of no area where that obligation is greater and our Nation has a higher calling than to take care of the needs of our wounded veterans. And I hope that as we move forward from this hearing, we can work together to address these concerns and provide them with the optimal care for the best possible outcome in their lives.

And I just also have one more housekeeping matter to take care of. All members are advised that they have 5 days to submit statements and supporting materials for the record. I ask unanimous consent. Without objection, so ordered.

This hearing is now adjourned. Thank you very much.

[Whereupon, at 12:20 p.m., the Subcommittee was adjourned.]

BRUCE L. BRALEY, IOWA
CHAIRMAN

DAVID DAVIS, TENNESSEE
RANKING MINORITY MEMBER

# Congress of the United States
## U.S. House of Representatives
## Committee on Small Business
## Subcommittee on Contracting and Technology

2361 Rayburn House Office Building
Washington, DC 20515-6315

STATEMENT
of the
Honorable Bruce Braley, Chairman
Subcommittee on Contracting and Technology
House Committee on Small Business

Hearing on "Ensuring Continuity of Care for Veteran Amputees:
The Role of Small Prosthetic Practices."
July 16, 2008

The human cost of the Iraq conflict has been nothing short of devastating. In five years of war, our troops have suffered 4,000 deaths and another 29,000 injuries. As our wounded soldiers return from overseas, the nation now faces the moral and financial challenge of providing for their medical care.

Why should we care about the prosthetic needs of our nation's veterans? In the aftermath of the devastating revelations about the conditions in Building 18 at Walter Reed, Army Medical Center, an Independent Review Group headed by the Hon. Togo West was assembled to report on rehabilitative care and administrative processes at Walter Reed and the National Naval Medical Center at Bethesda. The Independent Review Group identified traumatic amputations as one of the four signature injuries that have been associated with the current conflicts in Afghanistan and Iraq.

It is important to note that today's Veteran's Administration serves not only the wounded returning from current conflicts, but also the additional 70 million Americans otherwise eligible for VA benefits. My brother, Brian Braley, knows this very well. He treats these patients as a kinesiotherapist at the VA Hospital in Knoxville, Iowa, and I am very proud of him for making a difference in the lives of the patients he works with.

A great number of these men and women will require prosthetic and sensory aid resources. In 2007 alone, more than 1.3 million soldiers sought these services. As amputees continue to return from war, the number of patients who require prosthetic services will continue to rise.

In order to meet this increased demand, the VA's budget for the Prosthetics and Sensory Aids Service (PSAS) has risen dramatically. Increased funding for this service has been a bipartisan effort. Democrats and Republicans alike are dedicated to providing the best possible care to our wounded veterans. But while the VA has made great strides in offering treatment, many amputees continue to face obstacles.

In addressing these challenges, we should first look to small health care providers, who comprise the bulk of the prosthetics industry. Small firms make up 80 percent of this vital medical sector. In fact, the administration currently holds 600 agreements with small prosthetic practices.

But despite the VA's efforts to ensure quality care to amputees, many vendors have raised concerns. The system--while enormously helpful to the vast majority of veterans--is not perfect. A series of issues regarding procurement have made this sector increasingly difficult to navigate. As a result, the well-being of our wounded soldiers could be improved. In order for small health care providers to successfully serve these men and women, several barriers must be addressed and overcome.

One of the greatest challenges facing prosthetics businesses is the VA's obsolete contract procedure. The documents for this process can be outdated and hard to follow. In some cases, it would seem that neither the practice nor the paperwork has kept pace with industry development.

Similarly, the bidding procedure for the administration's proposals can be disorganized and inconsistent. Consequently, many small businesses find themselves shut out of the system. These logistical roadblocks have deterred many entrepreneurs from participating altogether. This means more than just decreased revenue for small firms--it means fewer choices for wounded veterans.

Further compounding the choice issue are restrictive contracting practices. Prosthetics providers around the country have noted instances in which VA hospitals have narrowed patients' selections. This can be devastating to amputees who need specific devices made by a limited number of providers. In outsourcing to small prosthetics businesses, the VA allows veterans to seek more personalized care. We must ensure that amputees continue to have this option.

It is important to note that these suggestions are not intended to undermine the vital work of the VA. On the contrary, this committee recognizes the Administration's considerable efforts in providing quality care to veterans. As we will hear today, its services have been a literal lifeline to countless veterans across the country. What is more, the VA has been--and continues to be--an important partner for the small business community.

With this in mind, we must ensure that the Administration and small health care providers have the opportunity to build an even stronger partnership. In doing so, we will not only bolster our small businesses, but we will also support the heroic men and women who have answered our nation's call. These noble warriors have spilled their blood for us and have served their country with courage. They have earned and deserve our support. Their well-being is our moral obligation, and we should not shirk in our financial responsibility to care for them as a fundamental and patriotic duty. If we fail to live up to that responsibility and give them the best chance to reach their full potential, we will pay a heavy price over their lifetimes in added medical expenses due to chronic disease processes that are aggravated by inactivity, such as morbid obesity, diabetes and vascular diseases that lead to heart attacks and strokes. To paraphrase the old Fram oil filter commercial, "We can pay for them now ... or we can pay for them later."

In this morning's hearing, we identify future needs of amputees who face care decisions in the DOD and VA medical systems, and examine ways in which the VA and small businesses can work together to address those critical needs. I want to thank all our witnesses in advance for taking time from their busy lives to travel here and share their testimony. I'm look forward to a lively, frank and informative exchange.

**STATEMENT OF**
**FREDERICK DOWNS, JR**
**CHIEF PROSTHETICS AND CLINICAL LOGISTICS OFFICER**
**VETERANS HEALTH ADMINISTRATION**
**DEPARTMENT OF VETERANS AFFAIRS**
**BEFORE THE**
**COMMITTEE ON SMALL BUSINESS**
**SUBCOMMITTEE ON CONTRACTING AND TECHNOLOGY**
**U.S. HOUSE OF REPRESENTATIVES**
**JULY 16, 2008**
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Good morning Mr. Chairman and Members of the Subcommittee. Thank you for the invitation to appear before you today to discuss the Department of Veterans Affairs (VA) relationship with independent prosthetic contractors and our efforts to ensure continuity of care for veteran amputees returning from combat.

**INTRODUCTION**

VA provides prosthetic services to a wide range of eligible veterans. VA furnishes prosthetic services to enrolled veterans as part of the Department's medical benefits package. This includes sensory aids for those who meet VA's eligibility criteria, e.g., .veterans visually or hearing impaired so severely that the provision of sensori-neural aids is necessary to permit active participation in their own medical treatment. Veteran prosthetic devices include an array of items from appliances, parts or accessories that are necessary to replace, support, or substitute for a deformed, weakened, or missing anatomical portion of the body.

VA's Office of Prosthetics has a long tradition of using an extensive network of VA laboratories and contract prosthetic labs to provide prosthetic and orthotic devices. This network provided limbs or repairs to 11,023 veterans with amputations in 2007 at a cost of more than $61,470,000. VA operates 61 prosthetic labs, each accredited by one of the two national accrediting bodies: the American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABC), and the Board for Orthotist/Prosthetist Certification (BOC). We also hold our independent contractors to the same accreditation standards.

**RELATIONSHIP WITH INDEPENDENT PROSTHETIC CONTRACTORS**

VA contracts with independent prosthetists to provide ninety-seven percent of all prosthetic and orthotic devices for veterans. To continue and enhance this relationship between VA and independent prosthetic contractors, VA's Prosthetics and Clinical Logistics Office holds conferences concurrent with and endorsed by the American Academy of Orthotists and Prosthetists during their annual meeting and scientific symposium. This annual meeting is attended by approximately 2,000 prosthetists. Many of these are small business owners and VA contractors. Our goal is to improve communication and interaction with all members of the independent prosthetic community.

Since most small business owners in the field of prosthetics are members and supporters of the annual conference, it is a unique opportunity to enhance the relationship between the private sector and VA. Small businesses, including VA contractors within the field of prosthetics and orthotics, are invited to present their products and attend scientific presentations. Businesses are provided exhibit tables or space that enables them to meet and interact directly with VA physicians, administrators, therapists, orthotists and prosthetists. We believe it is a model of professional and business interaction with government.

VA also works with prosthetic contractors in hosting conferences around the country where there is a mix of VA attendees and prosthetic small businesses. The seminars are typically organized on a local or regional basis as outreach to contractors and an opportunity for mutually beneficial collaboration between VA and small businesses.

Our efforts to build and maintain relationships with independent prosthetic contractors also include, but are not limited to, working with the Amputee Coalition of America (ACA) and the American Orthotic, Prosthetic Association (AOPA) and we also participate in their annual meetings. We also publish articles in several media outlets such as *Federal Practitioner*, *O&P Business News*, ACA's *First Step*, Northwestern University's *Capabilities* and others. The VA Office of Small and Disadvantaged

Business Utilization has several other initiatives and conferences that aid in our outreach efforts.

**ACCESS TO PROSTHETICS IN RURAL AREAS**

VA's network of providers reaches the most rural areas throughout the country to bring quality care to the veteran. Currently, we have over 600 contracts across the country to reach our veterans and provide access to necessary care close to their home, whether in a rural or urban area.

VA has created a contract template to help ensure veterans are receiving consistent care across the country from contractors adhering to the same high standards of accreditation by ABC or BOC. The contracting process allows us to receive prices below the Medicare fee schedule reimbursement rate. We provide premium access to the quality care with cost savings for the government through our current processes.

**NATIONAL CONTRACTS**

VA has two national contracts that provide specialized services in the area of upper extremity amputations. Amputations involving upper limbs are not common, and expertise in this area is difficult to maintain for any prosthetist, whether in VA or in the private sector. To address this issue, VA awarded two contracts in January 2007 to provide a team of specialists to facilities to assist the amputee clinic team in the prescription of a device. The veteran, as always, has the option of using a VA laboratory or any of our contractors, including the upper limb specialist assisting in the prescription, to fabricate and deliver the artificial limb.

VA also uses national contracts for specific devices, such as orthotics soft goods, through the Acquisition and Logistics Center in Denver, Colorado. The bidding process for these items includes alerting potential contract providers through the use of the Federal Business Opportunities website at FedBizOPPS.Gov. In this process, contracts are awarded based on multiple factors, including quality of the item, size of the company (small or large business), whether the business is veteran- or minority-

owned, previous experiences with the vendor (if applicable), and cost. This process prevents cost from being the final determinant in awarding contract items that will be provided to those we serve. VA now has statutory authority in giving preference to service-disabled, veteran-owned small businesses and veteran-owned small businesses.

**CONTINUITY OF CARE FOR VETERAN AMPUTEES RETURNING FROM COMBAT**

In Fiscal Year (FY) 2007, VA provided prosthetic services to more than 1,606,000 unique veteran patients for the following.

- 8,058 legs
- 380 arms
- 86,945 wheelchairs, scooters, and accessories
- 678,401 orthotics
- 391,531 orthotic shoes
- 769,522 eyeglasses
- 348,920 hearing aids
- 241,805 surgical implants
- 2.2 million pieces of medical equipment and supplies

From the beginning of OEF through FY 2007, out of almost 300,000 veterans who have returned from OEF/OIF and sought care from VA, 701 veterans were treated for major amputations, according to the Department of Defense. We anticipate the number of OEF/OIF veterans requiring prosthetics to increase slightly in FY 2008.

VA has implemented several initiatives and provided substantial resources to assist OEF/OIF service members as they transition into VA care. VA has placed social workers at Military Treatment Facilities (MTF) across the country and identified OEF/OIF Case Managers, Transition Patient Advocates, and Federal Recovery Coordinators at VA and Department of Defense (DoD) facilities. VA's Prosthetics staff, case managers, and social workers have regular contact with the program offices responsible for the various benefits a veteran may be eligible to receive.

The VA Prosthetics staff is also involved in the discharge process so that coordination can be made between the MTF and the local VA medical center. Upon discharge, veterans are provided information describing VA services, along with instructions and contact information. VA has also developed a website with valuable tools that can be used and easily accessed by any veteran interested in VA Prosthetic Care (www.prosthetics.va.gov).

The Army's Center for the Intrepid is a complete rehabilitation facility that provides the continuum of care from the military to VA. VA has placed staff members that assist service members with their transition from the DoD to VA. This personalized assistance ensures that continuity of care will be maintained as veterans and their families move to this next phase of their lives. VA liaisons at the Center for the Intrepid, Brooke Army Medical Center, Walter Reed Army Medical Center, and the Comprehensive Combat Casualty Care Center (C5) at the National Naval Medical Center in San Diego, work closely with local and national VA Prosthetics staff. Future plans include a more formal placement of a prosthetic representative at C5 in San Diego. Overall, such integration ensures active duty service members know and understand VA is ready to help.

In addition, VA works in concert with DoD to provide specialized items such as hand cycles, personal digital assistants and vehicle modifications. VA may repair and replace other items issued by DoD. This is particularly important as new veterans or active duty service members move around the country. If a service member goes home on convalescent leave, VA Prosthetics staff can assist with repairs. These repairs are completed at either a VA lab or at a private sector lab with whom VA has contracted.

**MEETING THE FUTURE NEEDS OF VETERAN AMPUTEES**

VHA will continue to use and support new and emerging technologies to enhance the quality of life for veterans as they age and experience life-changing events requiring, in some cases, innovative prostheses and orthoses. When new technology is introduced, VA prosthetists and orthotists receive training from the manufacturer. In 2000, VA was the first organization in the United States to fit a C-Leg (a microprocessor controlled

knee), and we have worked to maintain our lead in issuing the latest technologies to veterans of all wars. VA offers an extensive range of training opportunities for its prosthetists. Previous training has included workshops held by manufacturers such as Fillauer, Liberating Technologies, Ossur, and Otto Bock.

It is important that all VA and contract prosthetists and orthotists obtain and maintain a high level of continuing education. With that in mind, VA is working with one of the nation's leading prosthetic schools, California State University, Dominguez Hills to develop a Veterans Institute for Prosthetic and Orthotic Sciences at the VA Long Beach Healthcare System. We anticipate this Institute will be ready for VA prosthetists and contractors to begin taking classes in February 2009. It will be a model for basic and continuing education based on significant collaboration with the private sector, including contract prosthetists.

**CONCLUSION**

VA bears a responsibility to those who have bravely served our country, and we will proudly care for all those in need. Mr. Chairman, this concludes my statement and I am pleased to respond to any questions you or the Committee members may have.

Testimony Before

The Subcommittee on Contracting & Technology

Of the Small Business Committee

*"Ensuring Continuity of Care for Veteran Amputees:*

*The Role of Small Prosthetic Practices."*

By

Captain Matthew D. Bacik, USA (Ret.)

Amputee as a Result of Wounds Sustained in Combat

July 16, 2008

Chairman Braley, Thank you for the opportunity to sit before this subcommittee and share my experiences. The collective public service of the members in front of me is humbling and I'm truly honored to be here today. I served as a US Army Ranger in both Iraq and Afghanistan and lost my right leg as a result of wounds sustained in combat. I'm medically retired from the Army. Professionally, I'm an Investment Banker in Alabama and serve as an Area Outreach Coordinator for the Wounded Warrior Project.

I'd like to share with you my experience in transitioning from the battlefield to the civilian world. I'm a graduate of the United States Military Academy and served four years on active duty as an infantry officer in the United States Army. I deployed three times: Iraq in 2003 with the 82nd Airborne Division, and with 3rd Ranger Battalion to Afghanistan in 2004 and Iraq in 2005. I received three purple hearts, all from Improvised Explosive Devices in Iraq. My third injury destroyed most of my right foot.

I underwent a total of 13 reconstructive surgeries before my leg was amputated below the knee. Shortly after the amputation, I chose to pursue a medical retirement.

My experience is somewhat unique. I did not have my amputation at Walter Reed and have always relied on private providers for my prosthetics. The VA system has been very beneficial to me for three reasons: (1) The VA has paid for the absolute best prosthetics available, (2) Mr. Fred Down's office holds regular open forums to discuss prosthetic care, and (3) most importantly I've established a strong relationship with a provider who lives in my community.

I'd like to focus on the relationship I've established with my provider. Glenn Crumpton of Alabama Artificial Limb and Orthopedic Services has been a lifeline for me and my family. He's board certified and his family has been making legs for veterans from every conflict since WWII. Just as important, before the wars in Iraq and Afghanistan started, Glenn had years of experience making legs for not only veterans, but for other active

amputees who wanted to run, bike swim, sky dive, and ski in the best available equipment. Glenn's shop has a wealth of trade knowledge in crafting custom fit prosthetics for active amputees. He has an unparalleled conviction to learn and grow with his patients and carries a heavy burden: if the leg isn't right, the patient's life isn't right. Last month, I met Glenn twice at 6:30 AM, before work, to work on my new running leg. Just last week I broke my main foot. Glenn and I checked our schedules, by chance we were both in Birmingham on separate business and so he had a new foot delivered to his hotel. After my engagements were finished, we met and 100 miles from his shop and my office, I had a new foot. Much of our work has been on weekends, evenings, and early mornings. He provides that same level of care to all his patients.

And how did I find Glenn? It was good luck. Glenn doesn't have a contract with the VA. Had I not been resourceful and determined, we might have never met. And considering the stresses of such a traumatic, life changing injury, I was very

fortunate to have been able to research the best provider. The VA in my area uses a national company to contract prosthetic care. I've met and vetted their local associates, many of whom come and go as they're promoted or laterally transferred to other shops across the country. The benefits of the relationship Glenn and I have established can easily be transferred to other veterans if they know he's there and they know his capabilities. Our local VA uses Glenn's services for many other patients, but the national company holds the contract. In the VA amputee clinics, Glenn has been allowed to attend with is current patients, but any new patients that walk through the door are automatically handed to the national company. Of course, veterans are allowed to seek their own providers, but that investigation process could be very difficult.

For me, VA at the national level has been instrumental in helping me learn about ways to navigate the prosthetic system, mostly through Mr. Down's forums. I've been able to attend one forum in person and have been able to participate in many others through electronic communication. From the Veteran's

perspective, the forums provide a flow of information about the capabilities of some of the top notch VA campuses and they provide a means for veterans to provide feedback and for the VA to address issues. These forums are more than a coffee social and I am thankful for the staff that makes them possible.

On a final note, the VA has approved and paid for the best available prosthetic care. My recommendation to this committee would be to support any initiative that would better enable veterans like myself to connect with the numerous outstanding private providers across the country. The current system does facilitate the relationship Glenn and I have developed, but only after I sought something better. I never knew that the experience and craftsmanship I needed to achieve my goals was in my own home town.

Testimony Before

The Subcommittee on Contracting & Technology

Of the Small Business Committee

*"Ensuring Continuity of Care for Veteran Amputees:*

*The Role of Small Prosthetic Practices."*

By

Dennis E. Clark, CPO

President, Clark & Associates Prosthetics and Orthotics

July 16, 2008

Chairman Braley, I would like to thank you and the members of the Subcommittee for creating this forum and your participation in the discussion of such a significant issue as "*Ensuring Continuity of Care for Veteran Amputees: The Role of Small Prosthetic Practices.*" I am honored to testify.

My name is Dennis Clark. I am a certified Orthotist-Prosthetist and owner and president of *Clark & Associates Prosthetics and Orthotics, Inc.*, a small business located in Iowa with offices in Waterloo, Dubuque, Marshalltown and Mason City.

My family's involvement in caring for wounded veterans began during World War II. My father, Dale Clark, CP, worked for *Ray Trautman and Son* in Minneapolis, MN and worked for the company for over 20 years, eventually buying out the Waterloo, IA location and incorporating *Dale Clark Prosthetics* in 1968. It is no small coincidence that I began working for my father in the summer of 1968, and eventually purchased the company in 1987.

In September of 2003, I was contacted by a representative from Walter Reed Army Medical Center and asked if my clinical staff and I would be willing to spend the remaining months of 2003 helping provide lower extremity prosthetic care to soldiers returning to Walter Reed from Iraq and Afghanistan. We proudly accepted this opportunity to serve, and continued providing care at both Walter Reed and at Bethesda Naval until the end of May 2005. During that time we were honored to provide prosthetic care to over 300 soldiers.

Since our departure from Walter Reed, Clark & Associates has continued to provide prosthetic care for a small number of service-connected veterans from the current conflict as well as a number of other non-service connected veterans and service connected veterans from other military actions.

My primary concern is making sure that these soldiers continue to have access for quality care and current technology. To this end, it is important that the V.A. maintain its position on qualifying practitioners by requiring American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) certification as a minimum requirement to provide care to our nation's veterans. I would also hope that facility accreditation become part of the standard for companies providing prosthetic and orthotic care to veterans.

Since this is the first war fought in the information age, more media coverage and public focus has been placed on prostheses and prosthetic rehabilitation than at any time in the history of prosthetics. This fact, coupled with the reality that advances in the prosthetic industry are arguably bolstered by the effects of war suggests we will see more new technology in the next decade than in all the previous decades. "Technology for technology's sake" was not part of our thought process or protocols during our tenure

at Walter Reed. We steadfastly attempted to match technology with the associated function and use of prostheses in order to meet the patient's and care team's goals and objectives.

In the past, new technology in terms of techniques, materials and components mostly came from within the industry. However, today scientists and researchers from various digital and microprocessor-oriented backgrounds are making significant new contributions in advancing prosthetic outcomes. This trend will continue into the future. The knowledge, training and comprehension required to use these new technologies within a patient's prosthetic management will further highlight the need to qualify and measure the performance of the prostheses and prosthetic providers.

In addition to my role at Clark & Associates, I am also President of *POINT Health Centers of America*. POINT is the only U.S. prosthetic and orthotic network consisting of 100%

ABC-accredited facilities. Each of POINT's 146 member companies are independently owned small businesses. These companies are acutely affected by any V.A. prosthetics and orthotics procurement decisions. Accordingly, effective communication relative to V.A. contracting, contractor regulations and other administrative requirements is vital to these small businesses.

In closing, it is critical that we remember the discussions we are having today will affect this current group of wounded warriors for the next 50 years, as most of them are in their early to mid twenties. The groundwork for the investment we make in their care today should be as important as the sacrifices they made for our freedom. We have not yet seen the depth and breadth of the contributions this differently-abled group of Americans has made. I firmly believe this group of volunteer soldiers will one day be known as the next greatest generation.

**Testimony**
**Before the**
**The Subcommittee on Contracting & Technology**
**Of the**
**Small Business Committee**
**By**
**James P. Rogers, CPO, FAAOP, President**
**American Academy of Orthotists and Prosthetists**
**July 16, 2008**

Good morning. My name is Jim Rogers and I am the President of the American Academy of Orthotists and Prosthetists.

I would like to thank Congressman Braley and the members of the sub-committee for giving us this opportunity to testify today on "Ensuring Continuity of Care for Veteran Amputees: The Role of Small Prosthetic Practices".

The American Academy of Orthotists and Prosthetists (The Academy) is the national membership organization representing the interests of the Orthotic and Prosthetic profession. Our mission is to promote excellence in practice through research, continuing education and high ethical

standards to ensure that the patients our members serve receive the best possible care available. We believe that ensuring this care is both good medical practice for the patient and a service to the nation.

It is a privilege to be part of a profession whose work helps people who need orthotic and prosthetic services resume full and productive lives and to be able to continue to support themselves and their families.

Our active members are trained in CAAHEP (Commission for Accrediting Allied Health Education Programs) approved education and residency programs and are certified to practice in the O&P field. They occupy a unique niche in the allied health care area. Currently 14 states require that O&P professionals be licensed in addition to their national certification and we hope that in a short time all 50 will do so. We believe that when states license health care professionals they help to ensure that their citizens receive only the best care from fully qualified professionals.

We have a proud history in our profession of working to serve veterans and working with the Veterans Administration. We do this both through contracts between small businesses and the VA and by having many of our members actually work in the VA system. Over 60% of our membership actually own a small business or work for one. They work in all settings including large cities, suburban communities and the most rural areas of the nation.

I think the services we provide for veterans and the Veterans Administration is some of the most important work that we do as professionals and as Americans. Throughout history the American soldier has defended our nation and the free world from tyranny and the threat of governments whose philosophy of personal freedoms and government differ greatly from ours. These men and woman sometimes gave their very lives for the cause of our country and others returned home permanently injured. These heroes return to America as examples to our country and our children of the cost of freedom and the valiant efforts required to maintain it. One way to thank these veterans for their

service is to ensure that the Veterans Administration, and the many small businesses who are contracted by the VA, provide the needed orthotic and prosthetic services and will be available to meet their needs for the rest of their lives. We need to remember that the VA serves both the veteran who returns with a war or service related injury needing immediate attention and those who will need these services in the future just through the normal aging process and the possibility that they will develop a disability requiring orthotic and prosthetic services in the future.

With modern technology we can return a veteran who has an amputation or other severe orthopedic injury to full functionality and give them the ability to continue to support themselves and their families and participate as fully in society as they want to.

Through Veterans Administration contracts, Academy professionals in small orthotic and prosthetic businesses provide the most advanced prosthetic care available in the world to our veterans. Why is the

involvement of small business so crucial to the successful rehabilitation of our nations' veterans? To answer this question and to grasp the importance of this relationship you have to understand the history of the orthotic and prosthetic industry.

Before the First World War prosthetic and orthotic service providers were not allied health professionals; they were by and large craftsman from a variety of different professions who were introduced to the disabled through personal contact and circumstance. An amputee might visit the local cabinet maker who also had developed skills in orthotic and/or prosthetic rehabilitation. After the conclusion of World War Two, the large influx of amputees and young men without careers created an enormous need for these services and an opportunity to advance the technology and give these returning veterans a good career.

With funding from the Federal Government and specifically the VA, prosthetic and orthotic education and training programs were begun at a number of select institutions and many of those trained were veterans

themselves. Through the provision of this education the industry became an Allied Health Profession. By the early 1950s a medical and technical based curriculum emerged and college programs in orthotics and prosthetics were established. From the 1950s through the 1970s all prosthetic and orthotic facilities not located in Hospitals were small businesses. The last thirty years have seen the emergence of multiple office facilities and large care providers with facilities spread around regional and national geographical locations. But the majority of the current 3500 facilities in the United States remain small businesses and many are still family owned. It is not unusual at the Academy's Annual Meeting and Scientific Symposium to see more than one generation of a family take continuing education courses side by side.

***An example of the success of the small business model and the cooperation between the VA and a small prosthetic business is a veteran I will call "Jack", a young man from rural America where family, farming, hunting and fishing define one's existence. Jack lost his dominant right arm to an RPG while serving as a gunner on a***

***Bradley. He was quickly stabilized in-country and arrived at Walter Reed within days of his injury. While at Walter Reed for three months Jack was alone; his wife and three young children remained 1500 miles away. When I met Jack after his transition to the VA system, he had received four prostheses. But not one of these prostheses was actually suitable for the activities he would resume back home. Jack was frustrated and angry. He recognized that the care and service he received was quick and of high technological value, but that was not what he wanted, or what he needed. He needed a prosthesis that would allow him to work as a conservation officer in a variety of weather. He needed a prosthesis that would allow him to shoot his bow, hold and fire a shotgun or rifle and enable him to fish with his children. What he received was the very best technology we had available in cosmetic and myo-electric prostheses. What he lacked was a local prosthetist who understood his day-to-day existence and appreciated what was important to him and how that translated into a specific prosthetic design. After I worked to make the rugged and weatherproof prosthesis that Jack required he invited me to go hunting with him. To***

***this day our time together is some of the most profoundly rewarding time I have spent in the O&P profession. Through the small business contracting model Jack received what he needed, and in my opinion what he deserves as a veteran and an amputee.***

As new technology has advanced our field we continue to upgrade the curriculum in our education programs and even the way in which we educate people. Today the profession is committed to making a masters degree the requirement to enter the field. But the reality is that it still takes the prosthetist working closely with his/her patient to determine the best prosthetic, which may not always be the most technologically advanced available; to help the amputee regain the life they want.

As allied health professionals we understand that there is a continuing need to keep up to date on advances in the field of Orthotics and Prosthetics if we are to provide the best service to our patients and therefore continuing education to maintain a person's certification to practice is mandatory. We have learned to provide this education in

ways that suit these many small businesses. The Academy has an annual meeting at which we provide a forum for nearly 2,000 O&P professionals to come together to learn and exchange information. But we also work to encourage a multitude of regional, state and local meetings and educational forums where ideas, new technology and advanced techniques are promulgated. The educational institutions that offer O&P education often serve as hosts for manufacturers to disseminate the latest technology. Increasing administrative costs, accreditation and licensing fees have spurred the development of economic and accessible education for the busy practice professional. The Academy's Paul E. Leimkhueler On-Line Learning Center offers a variety of continuing education programs that can be accessed by professionals in both urban and rural settings 24/7. In this way the rather small profession of orthotics and prosthetics can receive continuing education using a "small business" friendly model. These O&P practices and other small businesses being the very backbone of the American economy.

The need for the VA to continue to contract with small business O&P practices is obvious. When an amputee returns home or settles in a community after their amputation and their initial rehabilitation through the military, he or she will seek out a competent and compatible orthotic and prosthetic professional to deliver their care. This relationship is built over time: the amputee trusting their very functional independence to a professional who in turn commits to learn about the amputee's specific medical circumstances, functional needs, work habits, home setting and even recreational preferences. This relationship produces valuable communication and allows the veteran to receive the prostheses that will provide for them the highest functional value. Through the normal aging process, physiologic changes and even changes in medical status, this relationship proves invaluable in terms of meeting the amputee's needs, as over the course of an amputee's life many changes and adjustments will have to be made. The "history" the amputee and the prosthetic professional share insures that good decisions are made; decisions that result in good care and a return to the functional expectations of the amputee. This model of personal and intimate care on a local basis

produces the best devices and the highest function. It is also the model that should remain available to our veterans as we continue to meet their prosthetic needs into the future. To cause veterans to travel long distances for prosthetic care from a professional they don't know and who doesn't know them would not only create a burden of inconvenience, but it would jeopardize the success of the prosthetic delivery system by ignoring a proven and successful model, a model that we know has benefited the civilian amputee for over a century.

The Veterans Administration some time ago made a decision to contract only with facilities accredited by The American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC). This decision shows a commitment by the VA to the highest standards of care and should be commended as an example of our country's promise to always provide quality care for our veterans. There are other areas that the Veterans Administration and The Academy are collaborating in to insure quality care for our veterans.

In addition to these small business contracts with the Veterans Administration the Academy is working closely with the VA to assist them in providing continuing medical education for those Orthotists and Prosthetists that are VA employees. In the past few years we have appreciated the good working relationship we have developed with Fred Downs and his staff at the VA and provide space and time for them to meet at our Annual Meeting and Scientific Symposium. The Academy provides VA employees a special rate to attend our meeting and to receive the high level of continuing education that we provide.

It is the Academy's goal to continue to work with the VA in providing this continuing education opportunity and potentially expand these efforts through our Online Learning Center. We may even be able to work to provide some onsite courses at various VA facilities that would reduce the travel cost to the VA of sending their staff to some offsite meetings. Though we recognize that one can never underestimate the value of professionals meeting to share personal experiences on the care they can give to their patients.

It is our desire to develop a closer relationship with the VA in the area of research and particularly to look at best practice in the field of O&P. We know that the VA serves those returning members of the military for injuries caused through their service but the VA is also responsible for the care of veterans as they age. Often illnesses such as diabetes and obesity are the cause of needed prosthetic services and we look forward to working with the VA to ensure that these patients receive the care they need throughout their lives. The work and knowledge base accumulated by the VA can help members of the O&P profession that also serve those in the private sector.

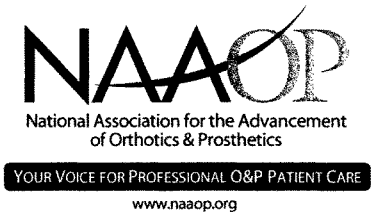
I would like to amplify my testimony briefly beyond the specific subject of this hearing to include veterans suffering injuries other than amputations. It is estimated that there are over 12,000 traumatic brain injuries (TBI) and over 28,000 traumatic orthopedic injuries as a result of the current conflicts in Iraq and Afghanistan. Injuries to the brain and nervous system are not static like amputations; they evolve and change,

sometimes for the better, sometimes for worse, over a long continuum of time depending on the individual.

Because many of these injuries are unique to this conflict and have never before been seen, and others that have been seen by the VA were never seen in such large numbers, I recommend that we consider a similar arrangement of contracts between the VA and small orthotic businesses employing clinical practitioners with experience in treating these very challenging injuries.

The civilian medical community has developed technology and strategies to treat TBI and traumatic orthopedic disorders over the last 30 years that rival our competence in prosthetic technology. Our veterans suffering injuries that do not result in the loss of a limb should have access to the same local, quality and relational care that our amputee veterans experience. I would encourage the VA to look closely at these numbers and develop a plan to deal with the long term effects of these injuries as they evolve into differing functional challenges.

Again I would like to thank the Committee for holding this hearing to highlight the work that the VA, in conjunction with the O&P small business community is doing. The Academy, representing the profession, hopes to continue this productive relationship and even expand it if possible.




**Written Statement of**

**Thomas Guth, C.P.**

**President**
**National Association for the Advancement**
**of Orthotics & Prosthetics (NAAOP)**

**Before the House Small Business Subcommittee**
**On Contracting & Technology**
**on the Issue of Ensuring Continuity of Care for Veteran**
**Amputees: The Role of Small Prosthetic Practices**

**1539 Longworth House Office Building**
**July 16, 2008**

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Chairman Braley, Ranking Member Davis, and Members of the Subcommittee:

Thank you for this opportunity to testify on the role of small prosthetic businesses and their important work with veteran amputees who rely on quality prosthetic care to return to functional and fulfilling lives following amputation of one or more of their limbs.

My name is Tom Guth and I am the Chief Prosthetist for RGP Prosthetic Research Center. I am here today representing the National Association for the Advancement of Orthotics and Prosthetics ("NAAOP"). NAAOP is a non-profit trade association dedicated to educating the public and promoting public policy that is in the interest of the orthotic and prosthetic ("O&P") patient and the providers who serve them. Since 1987, NAAOP has shaped positive results in healthcare legislation and regulation through government relations advocacy and education of policymakers. NAAOP serves the O&P profession by representing and partnering with only those providers who truly believe that the patient must come first, and as such, I am testifying today to bring forth the views of small business professionals serving O&P patients, particularly those who work with our nation's veterans through the Veterans Affairs ("VA").

More specifically, I am here as a small business owner. RGP Prosthetic Research Center ("RGP") in San Diego was started by my father in the 1950s. Upon his retirement in 1975, my brother and I continued our father's vision to pursue advancements in prosthetics and establish RGP as one of the premier prosthetic centers in the country. With over thirty-five years of experience in the prosthetic profession, I've dedicated my career to developing new ways to increase the quality of life and comfort of amputees who use artificial limbs, many of whom are injured and amputee veterans who wish to continue an active lifestyle. Although the size of RGP has grown over the years, we are still a family-run business that provides superior care to our patients.

**Serving the Veteran in the Current System**

RGP has served veteran amputees as a component of our prosthetic practice for over six decades and we are proud of our service to the VA. However, the current system is not always without challenges to both the veteran—in gaining access to appropriate prosthetic care—and the private practitioner in serving the patient. Take, for example, my patient of nearly 40 years who I will

refer to as "Tom" to protect his confidentiality. I first designed and fabricated a prosthetic limb for Tom after his return from Vietnam where a landmine had taken one of his legs above the knee. For nearly 40 years, I have worked with the local VA prosthetic chief and Tom to provide him high quality prosthetic care. I have attended the required VA clinics to assess Tom's condition in the presence of VA physicians, the chief prosthetist of the local VA, and the clinical team. I have attended these same clinics for approval of the final prosthetic device and continual follow-up care.

Recently, after eight years of walking on the same prosthetic limb, Tom came to my office with a VA prescription for a new prosthesis with the same design as his existing limb. But technology has changed dramatically over the past eight years and I recommended that Tom receive a micro-processor prosthetic knee unit that would allow him to walk more consistently and safely. Tom wanted to try the new knee. But the local VA staff denied Tom access to the micro-processor unit, stating that he did not need the more recent technology and generally giving him the run-around. Tom then became ill and is fighting to return to health now. His request for a micro-processor knee has not been approved to this day although he could have benefitted from it for months now. So it is important to realize that the positive pronouncements and favorable signals by the national VA office that the program covers whatever the amputee veteran needs are sometimes lost in translation at the regional and local levels.

**The Veteran's Affairs and Small Business Interaction**

As service members return from Iraq and Afghanistan with amputations and neuro-musculo-skeletal injuries, they will join many others who receive services from the Veteran's Administration ("VA") healthcare system who require prostheses ("artificial limbs") and/or orthoses ("orthopedic braces"). The VA contracts with and utilizes private businesses to provide prosthetic care to approximately 97 percent of its O&P patients. This reliance on small businesses provides personalized care to veterans, the same high quality care provided to Medicare beneficiaries and privately insured patients who receive their O&P care from these same private providers.

However, as it stands, anecdotal evidence suggests there are significant inconsistencies in access to quality O&P care throughout the country. It also appears that in some areas of the country, such as

in San Diego, the VA is actively working to increase the amount of O&P care provided in-house, by VA-hired O&P staff, and decrease veterans' access of the private O&P practices and professionals who have served VA patients well for decades.

Overall, with the collaboration of small businesses, the VA has provided quality orthotic and prosthetic care to veterans over the years, whether or not their underlying impairment was service-connected. But there are many areas where inconsistencies across the country are apparent and require improvement. The adoption by the VA several years ago of regional decision-making through the "VISNs" (regional service networks) has highlighted these inconsistencies.

In order to ameliorate the impact of these debilitating injuries and to ensure timely and consistent access to O&P patient care, it is imperative that the VA establish standards that enumerate the expectations that all veterans with amputations and neuro-musculo-skeletal injuries should have with regard to their prosthetic and orthotic needs. This is why NAAOP supports H.R. 5730, the Injured and Amputee Veterans Bill of Rights.

**Support for H.R. 5730, the Injured and Amputee Veterans Bill of Rights**

H.R. 5730 proposes the establishment of a "Bill of Rights" for recipients of VA healthcare who require orthotic and prosthetic ("O&P") services. This Bill of Rights will help ensure that all veterans across our country have consistent access to the highest quality of care, timely service, and the most effective and technologically advanced treatments available. NAAOP believes that adoption of this "Bill of Rights" will establish a consistent set of standards that will form the basis of expectations of all veterans who have incurred an amputation or neuro-musculo-skeletal injury requiring orthotic or prosthetic care.

The bill proposes a straightforward mechanism for "enforcement" of this "Bill of Rights," with an explicit requirement that every O&P clinic and rehabilitation department in every VA facility throughout the country be required to prominently display this Bill of Rights. In this manner, veterans across the country will be able to read and understand what they can expect from the VA healthcare system. And if a veteran is not having their orthotic or prosthetic needs met, they will be able to avail themselves of their rights.

**NAAOP's Proposed Additional Safeguards to the Veterans Bill of Rights**

In order to enhance H.R. 5730, NAAOP is proposing additional safeguards to ensure that veterans are aware of and fully understand their rights.

- **We propose that a copy of this Bill of Rights be required to be provided in paper form to every veteran attending an amputee or rehabilitation clinic and that each patient sign-off in their clinical file to indicate that they have received and read the document.** If the patient is not capable of understanding the content of the Bill of Rights unaided, the VA should make efforts to ensure that the rights are fully understood by the patient, or his or her family or guardian, including the provision of a copy of the document to the family member or guardian.

- In addition, to help ensure compliance with the Bill of Rights, **we propose that Congress direct the VA to establish a toll-free, dedicated telephone number to report instances of non-compliance with these rights.** The written document provided to the veteran should list this toll-free telephone number. The telephone line should be answered at the national VA administrative office in Washington, DC, and a specific VA employee should be assigned the task of fielding these calls and acting as an ombudsperson to try to resolve disagreements.

These added safeguards would help educate injured and amputee veterans of their rights with respect to O&P care, and would allow them an avenue to report violations of that set of standards to the VA central office. In this manner, Congress would have easy access to the level of compliance with this Bill of Rights across the country and could target particular regions of the country where problems persist.

**Conclusion**

NAAOP thanks this Committee for examining how small prosthetic businesses work with the Department of Veterans Affairs to provide for the needs of veterans with injuries and disabilities requiring orthotic and prosthetic care. In order to improve the current system and make it more consistent throughout the country, NAAOP strongly supports H.R. 5730, the Injured and Amputee

Veterans Bill of Rights, with certain amendments outlined in this testimony. This legislation is essential to ensure consistency among the small businesses that provide orthotic and prosthetic care and more importantly, to improve the lives for all veterans with amputations and other neuron-musculo-skeletal injuries who require such care. We call on Members of Congress and the Administration to pass H.R. 5730 with the additional safeguards that we have outlined above.

I thank you for this opportunity to testify before the Committee and welcome your questions.

**"Ensuring Continuity of Care for VA Amputees: The Role of Independent Prosthetic Contractors"**

Hearing held July 16, 2008

Written Statement from
Christian T. Z. Smith CPO
President: Victory Orthotics & Prosthetics Inc.
Honorably Discharged from the Army Reserves

I would like to express my gratitude to Congressman David Davis for the privilege and honor to address this Committee. In turn I would like to praise this committee for its dedication and pursuit of excellence.

**Practitioner History/Background**

I entered the Orthotic and Prosthetic field in direct result of my late father Rev. Wayne Smith. He incurred a below knee amputation in 1991 secondary to a diabetic wound on the plantar surface of his right foot. He was a veteran from his service with the United States Coast Guard. The amputation took place at the VA Hospital in Miami, Florida. It was the VA's precise and immediate care of amputation and provision of a prosthesis that not only saved his life but restored him to the role of father, husband, Pastor & friend. The restoration of his life amazed and intrigued me enough to enter the Orthotic and Prosthetic field. In 1992, I started my education and it continues to this very day.

It is a privilege to work in a field that challenges me on a daily basis. This is a rare occupation that not only provides income for my family, but also allows me to use my God given talents in a variety of ways. A certified Orthotist/ Prosthetist has to be creative, inventive, artistic, compassionate, hard working and possess the ability to solve problems. In addition, I experience on a daily basis the reward of restoring someone to walk, run, work and contribute to society. I take this position very seriously and wouldn't want to do anything else.

**Veterans Hospital Participation**

I am currently the President and co-owner of Victory Orthotics and Prosthetics, Inc. We are located in the Northeast Region of Tennessee. Victory opened for business in Johnson City, in October 2001 with two full time employees. We currently have three locations with 19 full time employees.

We service several hospitals and physicians in the Tri-Cities region. Included in our area of care, is the VA Hospital at Mountain Home, Tennessee. This VA campus is within the city of Johnson City. I attend a weekly orthotic and prosthetic clinic at Mountain Home.

This clinic is set up as a team approach to care. In regular attendance at this clinic is the Medical Director, Dr. Blankenship who is a physician of Rehab medicine, a Kinesiologist, Physical Therapist, the VA's Prosthetic Representative and several contracted orthotists and prosthetists.

The clinic receives patients from various medical practitioners within the VA system. These referral sources generally make a recommendation of the Orthotic and Prosthetic device needed for the referred veteran. However, as a team we review the patient's medical history, function level, diagnosis and complete a physical exam of the extremity or area involved. Based on these factors, the team as a whole decides on the prosthesis or orthosis to best treat the referred veteran. Once this process is complete, the veteran exits the room with the prosthetic representative the veteran chooses a contracted provider to evaluate and provide the prescribed device. After the prescribed device has been fabricated and fit, the device is then taken to the VA for final delivery. This process ensures quality of care & functional outcome.

I've explained this process because from my understanding this process is not in force for each VA facility. I have participated in several clinics and the team approach to prosthetic care is very efficient and is in the best interest of the patient. Although this process is very effective, there is always room for improvement. With this in mind here a few shortcomings of this clinical model.

### 1 Pre Amputation Counseling

Pre-amputation counseling rarely occurs within the VA system. The loss of a limb can be very traumatic to the patient as well as his or her family. Although no one can completely ease the mind of the pre-amputee, it helps to inform the patient of the prosthetic process & post surgery issues. This can be accomplished through a joint effort from physician, therapist and prosthetist. I recommend written and pictorial information to be given to the family and patient. This information should include post –op pain, phantom pain, depression, rehab, transfer methods, exercises, fall pre-cautions etc. It is also very helpful to have a peer counselor. An amputee that has been trained in peer counseling can greatly ease the mind of a potential amputee and their families. At times they do not even have to say anything but walk in the room with a functional prosthesis.

This pre-op care can also include the consultation from a prosthetist to the surgeon in terms of amputation level and procedure. Why not consult the professionals that treat these amputees for the rest of their lives before removing the affected limb? When given the opportunity to plan the amputation procedure various options arise. For instance the physician and the prosthetist can discuss amputation levels with the patient to address functional and cosmetic advantages and disadvantages of various amputation procedures. This allows the patient some input in his or her care and future prosthetic use.

### 2 Immediate Post-op Care

Immediate post op care has several advantages: protection, optimal healing position,

edema control, and positive mental benefit for the patient. Immediate post-op care can occur in a variety of methods.

For example:

a. Post-op care can include the application of an immediate post-op prosthesis.
b. Post-op residual limb protector, the incidence of re-injury to an amputated limb is frequent due to phantom sensation, loss of balance, confusion and instability from anesthesia. These devices are inexpensive & effective.
c. Post-op prosthetist and/or peer counseling. This is not only informative for the patient & his or her family and friends, but can provide a sense of hope in an otherwise uncertain and traumatic situation.

### 3 Transfer of Medical Records from DOD to VA

I have been advised from the attending physician & staff at the VA Prosthetics Department that they regularly experience extreme difficulty in obtaining medical records. This is most prevalent when a patient has been released from an Acute DOD facility into the VA system. In fact, they recently had a delay of medical records retrieval as projected 6 months post request for those records. This delay occurs for both the hard copy and electronic records. For quality of care and to avoid delays that frustrate our veterans and complicate the rehabilitation process, these delays should be eliminated.

### 4 Private Contractor Selection

It is unreasonable for a veteran to choose a Prosthetic facility based solely on geographical location, but veterans should be able to choose providers in close proximity to their homes for convenience of care, when those providers are qualified and competent. The veteran should have the assurance that the provider is properly educated, qualified and that he/she has experience adequate to services the specific medical conditions encountered. The contracted providers should be required to have an information packet available to the veteran that includes education, credentials, experience and facility accreditation information.

### 5 Standard of Care & Sharing of Technology

It would seem reasonable that the level of care & technology utilized in the acute DOD facilities, such as Walter Reed and Brook Army Medical Center, would be readily accessible to the VA staff, and the contracted O&P providers. In the absence of this technology, the VA should look to the private sector and ensure that veterans have access to the very best O&P Facilities and the most current care technologies.

In addition, I would like to see an annual educational symposium with the attendance intended for the DOD facilities, VA Prosthetic staff & the contracted O&P providers.

## 6 Competition Driven Prosthetic Care

Independent contracted providers exist in a very competitive market outside of the VA system. We are required by our credentialing organizations to maintain continuing education levels. This market is not based on price, but on service and clinical competance. When price is the determining factor, the low bidder wins and service is no longer a consideration in the patient's care and commitments to continuing education sometimes falter. In fact, service may be cut to make the process profitable for the provider. In the private sector, fees are relatively fixed and clinicians are forced to stay current with technology and technique; the level of service provided determines the success/failure of the provider. This type of competition exists in the clinic I attend and ensures a higher level of service and guarantees that the veteran will receive quality care with highest appropriate technology.

An example of my positive experience as a VA contractor and small businessman is apparent in my experiences caring for a veteran with an above knee prosthesis in 2007. For the sake of privacy I will refer to him as "John."

*"John" has been an amputee since 1971. He incurred a traumatic amputation which left him with a very short above knee residual limb (4 inches). The trauma of losing a limb & the difficulty he experienced using an ill fitting prosthesis had him contemplating suicide. However he came to grips with his situation and has used a prosthesis ever since.*
*When we first evaluated him his residual limb was bloody, extremely painful and he had severe low back pain. He commonly had to refrain from activities that required a lot of physical exertion. However, given the fact that he owned a farm required him to participate in strenuous activities. The days following those activities forced him to remove the limb for several days until the limb healed. He repeated this painful cycle over & over again for the past 37 years.*
*Our desire to provide the highest technology the best possible care led us to attend an educational event that taught a method of socket design that far exceeds anything we had used in the past, the Negative Pressure Socket or NPS. In short, we fabricated & fit "John" with an NPS style socket that has forever changed his life. He wears the limb each & every day, his residual limb is healthy and pain free, and most importantly he returned to work on his farm, provides for his family and improved his sense of self-worth tremendously*

Imagine the benefit for this man to live without pain & the frustration of completing daily simple activities. We also cannot dismiss the money saved by our veterans system and the taxpayers that fund this system, by alleviating pain medication and additional medical procedures for the balance of his life.

This story was not told to invoke recognition on my part. However it illustrates the immense value and importantance of the VA small business contracting system..

**Summary**

In summation, I am proud to be a contracted provider in the VA system. This is a great system and in my region it works very well. However, the veterans we treat have risked their very lives and sacrificed their limbs.. They deserve the highest level of care and expertise we can offer. Battlefield medical advancements have saved many lives that would have been lost in previous conflicts. The results are more severely wounded soldiers and more complex amputees to provide care for.

These wounded soldiers deserve every advantage to restore them to be productive sons, daughters, fathers, mothers and whatever they desire to be. We owe it to them to create and maintain a system of contracting that serves them well.

I hope my input will benefit our veterans and the clinicians entrusted to their care. In addition, I hope this information instills a sense of duty and perseverance in the legislators facing the fight to curb expenses while producing legislation that meets the needs of our veterans..

Christian T. Z. Smith
912 Katies Way
Johnson City, TN 37615\
Born October October 5,1968

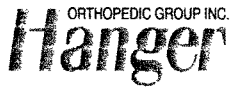
Certifications
Dual certification in Orthotics & Prosthetics
Certified by both
American Board for Certification
Board for Orthotist Prothetist Certification

Professional Affiliations
Member of
American Academy of Orthotist & Prosthetist
American Orthotic & Prosthetic Association

Education
Graduate of the former Median school of Allied Health Careers
Orthotic & Prosthetic Technology Program
Undergraduate work at
East Tennessee State University

Penn State University
Westmoreland College

Employment
Certified Orthotist Prosthetist
President of Victory Orthotics & Prosthetics Inc.




**Dr. John Rush**
**Chief Medical Officer**
**Hanger Orthopedic Group, Inc.**
**July 16, 2008**

Good morning; my name is Dr. John Rush and I am the Chief Medical Officer of Hanger Orthopedic Group based in Bethesda, MD. Our patient care division, Hanger Prosthetics and Orthotics, is comprised of over 620 centers in 46 states and the District of Columbia. The entrepreneurial spirit is alive in each and every one of our patient care centers, many of which were at one time private organizations acquired by Hanger throughout the years. Averaging five employees per facility, they are each managed by a Practice Manager and staffed by ABC-certified practitioners, technicians, and administrators.

Hanger is steeped in nearly 150 years of clinical excellence and service to our wounded soldiers. James Edward Hanger, the first amputee of the Civil War, started our company in 1861 when he was dissatisfied with the sophistication of the prosthetic legs offered to him after his own amputation. He whittled a prosthetic leg out of barrel staves, and in on December 22, 1891, patented "The Hanger Leg" (U.S. Patent # 465,698).

Mr. Hanger paved the way for his company to deliver superior prosthetic care – and we have proudly carried that tradition through the late 1800's, 1900's, and into the 21st century. We have treated thousands of veterans throughout the years and are currently providing care to many veterans of World War II, The Vietnam War, The Korean War, The Gulf War, and the Wars in Iraq and Afghanistan.

I'm sure you are familiar with Hanger patient Sergeant First Class Michael J. McNaughton. During Operation Enduring Freedom in January 2003, SFC McNaughton lost his right leg above-the-knee and two fingers when he stepped on a landmine in Afghanistan. After being fitted for a microprocessor knee and a sprinting leg, SFC McNaughton had the rare opportunity to jog around the White House with the President. He went on to run multiple marathons, half-marathons, and many other road races.

SFC McNaughton's practitioner, Hanger's Jay Tew from Baton Rouge was recently honored with the Louisiana National Guard's highest civilian award – the Medal of Honor – for his service to wounded soldiers returning from the Wars in Iraq and Afghanistan. It had been seven years since another individual had been awarded this top honor. As a three star general presented the medal to Jay, he gave all of the credit to the soldiers' hard work and service to their country.

Jay is just one example of the stellar level of Hanger practitioners who work diligently to return our wounded warriors to active and productive lifestyles. Hanger certified prosthetists serve Walter Reed, Brook Army Medical Center, and many VA hospitals and facilities nationwide. Dale Berry, Certified Prosthetist and Vice President of Clinical Operations for Hanger, served as Chairman of the Microprocessor Forum, hosted by Walter Reed Army Medical Center, which set standards and policies for the application of

microprocessor knee technology on American soldiers with above-knee amputations from the Wars in Iraq and Afghanistan.

The men and women benefit from Hanger's unparalleled national specialty teams. We have two teams dedicated to Upper Extremity Prosthetics and Lower Extremity Prosthetics who travel the country consulting with our local level practitioners every single day. This is a unique benefit of Hanger that directly and positively affects our patients – especially those with traumatic amputations that can be rare and challenging to fit with comfortable sockets.

Senior Airman Brian G. Kolfage has the tragic and honorable distinction of being the most severely wounded Airman to survive a war and one of the most severely wounded out of Operation Iraqi Freedom. He lost both legs near his hips and his arm when the Balad Air Base came under mortar attack. With sharp bone spurs in both residual limbs, bearing weight in sockets seemed impossible. Our top upper extremity prosthetic specialist and our top lower extremity prosthetic specialist traveled to his hometown of Tucson, AZ to care for him. Thanks to their expertise, two microprocessor knees, an i-Limb hand, and a whole lot of determination, Senior Airman Kolfage is walking and functioning like he never thought possible after his injuries.

There are many, many more examples of veterans who receive care from Hanger and go on to achieve what was once thought impossible. Despite missing limbs, our veteran patients run marathons and Iron Man races; they are Paralympic athletes; they work for and lobby on behalf of the Wounded Warrior Project; they are proud providers for their families and much, much more.

We are not advocating for an exclusive arrangement or even preferential treatment over small businesses; we merely want to be allowed to continue to provide the same clinically-excellent care to our veterans that we have done for nearly 150 years. Limiting practitioner expertise and access to care would be a great disservice to our veterans. Please consider Hanger Prosthetics and Orthotics for your contracts.

Thank you for your time and consideration. It is truly an honor to care for our service men and women.

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