

# CONNECTING VETERANS WITH PTSD WITH SERVICE DOGS

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## HEARING

BEFORE THE  
SUBCOMMITTEE ON NATIONAL SECURITY  
OF THE  
COMMITTEE ON OVERSIGHT  
AND GOVERNMENT REFORM  
HOUSE OF REPRESENTATIVES  
ONE HUNDRED FOURTEENTH CONGRESS

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## CONNECTING VETERANS WITH PTSD WITH SERVICE DOGS

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Thursday, April 14, 2016

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON NATIONAL SECURITY,  
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,  
*Washington, D.C.*

The subcommittee met, pursuant to call, at 2:00 p.m., in Room 2154, Rayburn House Office Building, Hon. Ron DeSantis [chairman of the subcommittee] presiding.

Present: Representatives DeSantis, Mica, Hice, Russell, Hurd, and Lynch.

Mr. DESANTIS. The Subcommittee on National Security will come to order. Without objection, the chair is authorized to declare a recess at any time.

Veteran suicides continue to be a national epidemic. Veterans are estimated to have a suicide rate that is 50 percent higher than those who did not serve in the military. A major driver of suicide rates is the incident of posttraumatic stress among our veterans. According to the Department of Veterans Affairs, between 11 and 20 percent of those who served in Operation Iraqi Freedom and/or Enduring Freedom suffer from PTS. Other estimates range as high as 29 percent.

Veterans with PTS may be troubled by intrusive thoughts; avoid people, places, and things; and experience hyperawareness and nightmares. They may find they are no longer able to trust and love those closest to them. Some may even feel that life is no longer worth living.

Unfortunately, many veterans have met significant problems in receiving the health care they deserve. The issues regarding the inadequate treatment of veterans by the VA have been widely reported. These include long wait times and the overprescription of dangerous opiates. Identifying and utilizing the full range of effective treatments for veterans suffering from posttraumatic stress is something that the VA must do without delay.

One treatment that complements existing therapies is the connection of veterans with PTS with service dogs. These are not comfort dogs or therapy dogs, as useful as those might be. Service dogs perform valuable services for veterans, calming them during a panic attack, turning on lights in a dark home, waking them from nightmares.

Currently, the VA only provides service dogs to veterans with physical impairments. However, a 2010 VA inspector general report stated that the VA “faces challenges implementing the guide

and service dog program. The VA only started assisting mobility and hearing-impaired veterans with service dogs in 2008, 6 years after being authorized to do so. The VA personnel told us the actual demand for service dogs is unknown.” With tens of thousands of veterans returning with mobility and hearing impairment from wars due to the use of improvised explosive devices and other things, this 6-year delay represents a stunning bureaucratic failure.

The VA contends that there is insufficient evidence that service dogs help those with PTS. However, ample scientific findings and ongoing research suggest that the VA may very well be wrong. Service dogs are not intended to, nor do they cure PTS, but they provide a safe, non-addictive tool for veterans to live normal, functioning, productive lives and they could provide a safe complement to existing treatments for PTS. The urgency of the veteran suicide rate demands that we explore this option.

In the 2010 National Defense Authorization Act, Congress authorized the VA to conduct a 3-year study on the efficacy of pairing veterans with PTS with service dogs. Instead of being completed in 2013, the VA study is not expected to be completed until 2019. According to the VA, the study has undergone “multiple significant and unexpected challenges.” The first phase of the study, referred to as phase 1, began in 2011 and had to be suspended and restarted twice, once after two dogs bit children and again after dog health issues arose.

The VA attributed these problems to issues with vendors contracted to provide the service dogs. Many of the dogs provided by the vendor were of substandard quality and had hip dysplasia, a condition that could have been treated earlier if the vendor performed standard screening procedures. Of the 26 veterans that were enrolled in phase 1, only 12 completed the study and four more are expected to complete the study in February of 2017.

The issues with phase 1 could have been avoided if the VA had properly screened the vendors and had reached out to other public and private sector organizations engaged in similar ventures, organizations like K9s for Warriors, which is based in the district I represent, do not experience these issues because of their experience in sourcing and training the dogs.

Instead of conducting outreach, the VA insisted on developing its own veterinary standards for the study, but the Department of Defense already has its own military working dog standards. In fact, DOD is an internationally regarded trainer of dogs and has a team of over 55 personnel, including 14 veterinarians. Had the VA initially adopted DOD standards, the VA could have avoided the \$10-\$12 million failure of phase 1.

While the VA eventually did reach out and adopt some DOD standards, it appears that development of its own standards was largely duplicative and wasteful. The VA began phase 2 of the study in December of 2014 with numerous changes based on lessons learned from phase 1. These changes included the VA hiring its own dog trainers to provide support to veterans throughout the study, incorporating DOD veterinary standards, and moving the study from one site in Tampa, Florida, to three separate sites in Atlanta, Georgia; Portland, Oregon; and Iowa City, Iowa.

Yet the VA is only meeting half of its monthly recruiting goal of 12 veterans for this study, similar issues echoed in the 2010 VA IG report. This problem is not based on a shortage of interested veterans but instead on the VA's problems filling dog trainer positions and the alleged complexity of the study. With the VA struggling to pair veterans with service dogs, other organizations are attempting to fill the void. In fact, the committee has spoken with various organizations that cumulatively claim to have hundreds of dogs that are trained and ready to be paired.

Contrary to the VA's assertion that "there is not enough research yet to know if dogs actually help treat posttraumatic stress and its symptoms," there is ample anecdotal and scientific evidence that service dogs can help veterans with PTS.

Today, we will hear from witnesses familiar with that evidence and from veteran Cole Lyle, who credits his service dog with markedly reducing his PTS symptoms.

Veterans cannot wait until 2018 for the VA to introduce the low-cost, low-risk, and high-reward treatment option. The problem of veteran suicide is too urgent. For this reason, I have introduced the Puppies Assisting Wounded Servicemembers Act of 2016, cosponsored by many of my fellow committee members, including members on both sides of the aisle.

This legislation would create a program for veterans with the most severe levels of PTS who tried a VA-approved treatment and remain very symptomatic to then be referred to an accredited service dog organization. The VA would reimburse the organization supplying those service dogs, and all funds expended would be offset with funds from the VA Office of Human Resources and administration expenses for administrative offices, conference planning, historic preservation, office artwork, and facility interior decor.

Those who risk their lives for this country deserve the absolute best care upon their return, and time is of the essence.

I would like to thank our witnesses for their testimony today. We have veterans testifying and many joining us in the audience, and I want to thank them very much for their service.

Mr. DESANTIS. And with that, I will recognize the ranking member of the Subcommittee on National Security, Mr. Lynch, for his opening statement.

Mr. LYNCH. Thank you, Mr. Chairman. I would like to thank you for holding this hearing to examine the efforts undertaken by the Department of Veterans Affairs to provide service dogs to veterans of the U.S. armed forces to assist with treatment for posttraumatic stress.

I would also like to thank today's panel of witnesses for helping the committee with its work and again thank all our veterans in attendance and active military.

It is the mission of the Department of the VA to serve and honor the more than 21 million dedicated men and women who are America's veterans in fulfillment of President Lincoln's historic commitment to "care for those who shall have borne the battle and for their widows and orphans."

With the formal end of the U.S.-led combat mission in Iraq in 2010 and in Afghanistan in 2014, the return of over 2.7 million veterans from extended service in support of Operation Iraqi Freedom,

Operation Enduring Freedom, and other war zone deployments, the fundamental duty of the VA to provide dignified care to America's veterans and their families remains as critical as ever. In turn, our continued and bipartisan oversight of the VA is essential to ensuring that the agency is able to carry out its important mission.

As most recently evidenced by the generation of post-9/11 veterans returning from the wars in Iraq and Afghanistan, effective treatment for posttraumatic stress, also known as PTSD, is one urgent area of veterans' health care that the VA and Congress must continue to strengthen. According to the VA's National Center for Posttraumatic Stress, 20 percent of our veterans who served in Operation Iraqi Freedom or Operation Enduring Freedom have PTS in a given year.

The prevalence of posttraumatic stress among our Iraqi and Afghan veterans is primarily the result of multiple tours of duty and repeated, severe, and constant combat exposure. Moreover, the VA has reported that veterans with PTS are particularly vulnerable to the risk of suicide, which continues to affect veterans at a devastating rate. Last month, the VA under secretary for health David Shulkin, again estimated that every day approximately 22 veterans take their lives in this country, and that is tragic.

Similarly, the Department of Defense reported last week that suicide rates for active duty service members remain high for the 7th year in a row with 265 active duty service members lost to suicide in 2015. We are clearly failing to meet our obligations to our returning and active service members.

The impact of posttraumatic stress in our veterans' community is a complex and far-reaching issue that demands a comprehensive approach to treatment and rehabilitation. This includes robust funding for the VA to continue to expand its mental health services. And I was proud to join the chairman to support the bipartisan omnibus funding bill passed by Congress and signed by President Obama at the end of last year that would provide \$50 billion for VA medical services and specifically targets mental health care and suicide prevention.

We must also encourage the development of commonsense alternative solutions that could further assist veterans with PTS rehabilitation. One alternative is the topic of today's hearing, providing service dogs to veterans with PTS to help alleviate their related symptoms.

As noted in the American Medical Association Journal of Ethics in June of 2015, "Initial academic studies have revealed that veterans paired with service dogs report less severe PTS symptoms, stronger social relationships, decreased substance abuse, and other increased health benefits."

Pursuant to the Defense Authorization Act for fiscal year 2010, Congress itself mandated the VA to conduct a 3-year study, as noted by the chairman in his remarks. That study was to examine the benefits of using service dogs for the treatment of rehabilitation of veterans with physical or mental injuries, including PTS.

Regrettably, as the chairman has noted, the VA encountered numerous challenges in getting this study off the ground, including inadequate oversight over its service dog vendors and inconsistent service dog training standards. As a result, again, as the chairman



has noted, the agency now expects to complete the study in November of 2018 or into 2019.

I understand the VA is taking steps to address these problems. However, a delay for a study of this importance for this amount of time is simply unacceptable. And I look forward to examining the progress of this further study with our witnesses.

And I also think that the chairman's idea of going forward with a pilot program, which can be based on the evidence in hand today, is a great way to go at this problem.

So I am proud to cosponsor two pieces of bipartisan legislation that have been introduced in Congress to facilitate the use of service dogs to assist our veterans.

Chairman DeSantis, my colleague on this committee, has introduced H.R. 4764, a bill to require the VA to commence the service dog pilot program right away that is specific to post-9/11 veterans with severe PTS. And I am proud to join him on that.

Also, Representative Jim McGovern of Massachusetts has also reintroduced legislation to establish a grant program to assist non-profit organizations in developing and establishing service dog programs for veterans. And, Mr. Chairman, I would ask unanimous consent if I could please submit Mr. McGovern's legislation for the record.

Mr. DESANTIS. Without objection.

Mr. LYNCH. And there is a supporting statement into the record as well.

Mr. DESANTIS. Without objection.

Mr. LYNCH. Thank you, sir.

As evidence continues to show that service dogs are one way of helping veterans with PTS, I certainly support the expansion of these efforts.

Mr. Chairman, thank you again for holding this important hearing, and I yield back the balance of my time.

Mr. DESANTIS. I thank the gentleman. And thank you for the support for the efforts.

I will hold the record open for 5 legislative days for any members who would like to submit a written statement.

We will now recognize our panel of witnesses. I am pleased to welcome Dr. Michael Fallon, chief veterinary medical officer at the Office of Research and Development at the U.S. Department of Veterans Affairs; Mr. Rory Diamond, executive director of K9s for Warriors; Mr. Cole Lyle, a U.S. Marine veteran who has posttraumatic stress; and Mr. Steve Feldman, executive director of the Human-Animal Bond Research Initiative Foundation. Welcome to you all.

Pursuant to committee rules, all witnesses will be sworn in before they testify. If you please rise and raise your right hands.

[Witnesses sworn.]

Mr. DESANTIS. Thank you. Please be seated.

All witnesses answered in the affirmative.

In order to allow time for discussion, please limit your testimony to 5 minutes. Your entire written statement will be made part of the record.

Dr. Fallon, you are recognized for 5 minutes.

**WITNESS STATEMENTS****STATEMENT OF MICHAEL FALLON**

Mr. FALLON. Thank you. Good afternoon, Chairman DeSantis, Ranking Member Lynch, and members of the subcommittee. Thank you for the opportunity to update the committee on progress in the VA PTSD service dog study, which pairs veterans with PTS with service dogs. I am accompanied today to my right by Dr. Patricia Dorn, director of the Rehabilitation Research and Development Service; and Dr. Chris Crowe, senior mental health consultant and liaison to the DOD Defense Centers of Excellence for Psychological Health and TBI.

The 2010 National Defense Authorization Act directed VA to undertake a study to assess the benefits, feasibility, and advisability of using service dogs for the treatment or rehabilitation of veterans with physical or mental injuries or disabilities, including PTSD. The benefits of utilizing service dogs and guide dogs for physical disabilities are well established. Therefore, VA designed the study to focus on veterans with PTSD because PTSD is a high-priority health issue in veterans, and the benefits of service dogs in assisting people with PTSD are not established in the scientific literature.

This is a groundbreaking study that aims to determine if veterans with PTSD would benefit from a service dog. For the study, VA hired its own dog trainers to provide obedience and handling support to veterans after they receive a dog, thus reducing experimental bias in the study.

VA also developed its own contract health, behavior, and training standards for dogs. Three studies sites—Atlanta, Iowa City, and Portland, Oregon—are operating and enrolling veterans from different parts of the country. Approximately once a quarter for 21 months, measures are taken of self-care, interpersonal interactions, and social participation, the severity of PTSD symptoms, sleep-related problems, suicidal ideation, the severity of mood disorders and substance abuse, anger directed at others, inpatient and outpatient visits, medication usage, and measures of employment and work productivity.

Veteran enrollment in the multisite phase of this study began in December of 2014. As of this week, 109 of 220 veterans have been enrolled in the study, and all three study teams will be fully staffed to achieve an enrollment rate of 12 to 15 veterans per month, which would allow all 220 veterans to be enrolled by the end of this year or early 2017. Data collection will end in late 2018. The data will then be analyzed, and the results will be published in a peer-reviewed scientific journal.

While VA does not purchase service dogs for veterans, VA does provide veterinary care benefits to eligible veterans to managing visual, hearing, or substantial mobility impairment to enable the veteran to live independently. Currently, VA does not provide veterinary care benefits for PTSD or mental health dogs because research has not shown them to be effective in overcoming specific functional limitations.

The carefully designed VA study is incredibly important in addressing shortcomings in the existing research literature that has

been reported by others. The VA continues to monitor other scientific literature for quality evidence to inform future policies and remains strongly committed to completing the current study at an estimated cost of at least \$12 million.

VA is strongly committed to the delivery of the best care for veterans with PTSD. Advances in research have led to a range of effective treatments that reduce symptoms and increase functioning and well-being. The VA/DOD evidence-based Clinical Practice Guideline recommends the following as first-line treatments: trauma-focused cognitive behavioral therapies such as prolonged exposure, or PE; and cognitive processing therapy, or CPT; eye movement desensitization and reprocessing; stress inoculation; selective serotonin reuptake inhibitors; and venlafaxine, a serotonin norepinephrine reuptake inhibitor.

Research demonstrating the effectiveness of PE and CPT is particularly strong. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, requires that all VA medical centers provide access to either PE or CPT. VA has supported this requirement by training upwards of 7,000 therapists in PE and CPT as part of a broader initiative to disseminate evidence-based psychotherapy for mental disorders. Uptake of evidence-based therapy such as the CPT across the VA healthcare system was rapid.

For veterans who choose other treatment approaches, the VA offers a range of options to treat PTSD and associated symptoms. VA is a leader in developing evidence-based therapy, the global standard for PTSD treatment.

Mr. Chairman, as a veteran myself, firmly committed to the successful completion of the study, I appreciate the opportunity to appear before you today. I and my colleagues are prepared to answer any questions the committee may have. Thank you.

[Prepared statement of Mr. Fallon follows:]

**STATEMENT OF DR. MICHAEL FALLON  
CHIEF VETERINARY MEDICAL OFFICER  
OFFICE OF RESEARCH AND DEVELOPMENT  
VETERANS HEALTH ADMINISTRATION (VHA)  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
SUBCOMMITTEE ON NATIONAL SECURITY  
HOUSE COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM**

**APRIL 14, 2016**

Good morning, Chairman DeSantis, Ranking Member Lynch, and Members of the Subcommittee. Thank you for the opportunity to speak about Veterans with posttraumatic stress disorder (PTSD) and service dogs. VA is in the midst of an ongoing study that pairs Veterans with PTSD with service dogs. I am accompanied today by Dr. Patricia Dorn, Director, Rehabilitation Research and Development Service, and Dr. Chris Crowe, Senior Mental Health Consultant and Liaison to the DoD Defense Centers of Excellence for Psychological Health and TBI.

Section 1077 of the 2010 National Defense Authorization Act directed VA to undertake a 3-year study to assess the benefits, feasibility, and advisability of using service dogs for the treatment or rehabilitation of Veterans with physical or mental injuries or disabilities, including PTSD. VA designed the study to focus completely on Veterans with PTSD because: the benefits of utilizing service dogs and guide dogs for physical disabilities were well established; PTSD is a high priority health issue in Veterans, and the benefits of service dogs in assisting people with mental health diagnoses have not been established in scientific literature. As mandated by Section 1077, the study assesses the impact of service dogs on Veterans' quality of life, their usage of prescription drugs and healthcare resources, and their employment status.

The study has been conducted in two phases. The first phase started in July 2011 and was a pilot study based primarily at the Tampa VA Medical Center (VAMC). Service dogs for the study were purchased from three organizations through contracts. Veteran enrollment in the pilot study had to be suspended in January 2012 after two

different service dogs bit the children of Veterans in the study. In response to these bite incidents, VA study team members maintained responsibility for interactions with Veterans after pairing, reduced involvement of the service dog vendor post-pairing, and increased the frequency of interactions between Veterans and the study team to identify and solve potential dog behavior problems as soon as possible. Veteran enrollment resumed in July 2012, but less than a month later, Veteran enrollment was again suspended due to the discovery of serious problems with the health and training of dogs provided by the remaining dog organization under contract. 26 Veterans already participating had the opportunity to finish the study, but no new Veterans could be enrolled because no additional dogs were available. Of the 26 Veterans enrolled in this phase, twelve completed the study, and four are expected to finish by February 2017.

VA recognized that major changes to the dog procurement contracts, study design, and study management were needed. Visits were conducted with a variety of dog training groups to seek advice and get suggestions on how to prevent the serious problems encountered in the pilot study. These groups included well-established and respected service dog organizations, military working dog training organizations, and Department of Defense and civilian Federal dog training units.

The original study design was reviewed again by mental health professionals, all of whom have a research interest in diagnosing or treating PTSD in Veterans and have academic appointments at affiliate universities. Collectively, they have published over 100 articles on PTSD, trauma recovery, or stress in scientific journals. Dr. Thad Abrams leads the Iowa City study team. He is a psychiatrist with the Iowa City VAMC Mental Health Service Line and has extensive experience treating Veterans with PTSD. Dr. Bekh Bradley-Davino was the initial lead for the Atlanta study team until he assumed greater responsibilities as the Director of the Mental Health Service Line at the Atlanta VAMC. Previously, he was the Director of the Atlanta VAMC Trauma Recovery program. Dr. Kelly Skelton now leads the Atlanta study team. She is the Acting Deputy Director of the Mental Health Service Line in Atlanta and the Medical Director of the Atlanta VAMC Trauma Recovery program. Until her recent retirement from VA, Dr. Kathy Magruder was a Research Health Specialist in the Research Service Line at the

Charleston, South Carolina VAMC. She has extensive experience as a clinical researcher, has published extensively on PTSD and other mental health conditions in Veterans, and is an Associate Editor of the Journal of Traumatic Stress. Dr. Dan Storzbach leads the Portland, Oregon study team. He is a Research Psychologist and the Lead Neuropsychologist for the VA Portland Health Care System Neuropsychology Clinic.

As a result of consultation with dog training experts and the mental health research team, as well as thorough analysis of other lessons learned, key changes were made in the study design:

- VA hired its own dog trainers to provide support to Veterans after they received a study dog, thus eliminating bias in the study. This required developing an entirely new position within VA.
- VA developed its own contract health, behavior, and training standards for dogs, instead of relying on the varying standards in use by individual organizations. These standards are based upon portions of DoD working dog contract health standards, and utilize the Assistance Dog International Public Access Test and the American Kennel Club Basic and Advanced Canine Good Citizen tests.
- VA dog trainers tested candidate dogs against the VA contract standards before accepting dogs into the study and paying for them.
- VA study staff are responsible for interacting with Veterans after they receive a dog to ensure that any problems with the dog or Veteran-dog pairing are quickly identified and corrected.
- Veterans with children less than 10 years of age in the household would not be eligible for the study until the safety record of at least 20 dogs from each organization could be evaluated. Note: no vendor has reached the 20 dog delivery mark yet; the evaluations are still in progress. .
- Instead of purchasing dogs only from organizations located close to a VA study site, a full and open contract competition was held to seek out the best possible dog producers. The new dog "vendors" chosen were Canine Companions for

Independence (Santa Rosa, California and other sites), the Armed Forces Foundation and partner K2 Solutions (Pinehurst, North Carolina), and the Auburn Technology and Research Foundation with partner iK9, incorporated (Auburn, Alabama).

- Instead of only one VA study site, three sites are opened to increase the enrollment rate and enroll Veterans from different parts of the country. Atlanta, Georgia; Iowa City, Iowa; and Portland, Oregon were chosen as the study sites for the revised ("Phase 2") study.

We also standardized the service dog required tasks so that dogs from different vendors would have similar training, reducing experimental variability. The service dog tasks chosen, based upon Veteran feedback in the Tampa pilot study and input from VA PTSD clinicians, were "block," "behind," "lights," "sweep," and "bring" (retrieve).

The study was also strengthened by adding a second experimental group of Veterans who received emotional support dogs instead of service dogs. The basic obedience and health standards are the same for both types of dogs in the study, and both dog types provide love, affection, and an emotional bond with people, and have legal rights to housing and the cabins of commercial aircraft. However, service dogs are given much wider public access rights than emotional support dogs through the Americans with Disabilities Act, and only service dogs are trained in specific tasks that assist with a disability. By comparing and contrasting the results of the two groups, we expect to be able to better determine what features of each dog type are responsible for any benefits observed in the Veterans. Each Veteran enrolled in the study has a 50/50 chance of receiving a service dog or an emotional support dog.

A description of all the test instruments used in the study and instructions for Veterans interested in volunteering for the study are found on the <http://www.clinicaltrials.gov> website (study number NCT02039843). The instruments are administered about quarterly over 21 months to assess measures of self-care, interpersonal interactions and participation in society, the severity of PTSD symptoms, sleep-related problems, suicidal ideation, severity of mood disorders and substance

abuse, anger directed at others, inpatient and outpatient visits, medication usage, and measures of employment and work productivity. Veteran enrollment in the revised Phase 2 study began in December of 2014. Early planning suggested that the three study sites would collectively be able to enroll about 12 Veterans a month; however, the study experienced severe delays due to human resources problems in hiring VA dog trainers, and the complexity of the study required additional staffing at each of the three study sites. These problems led to a much lower monthly enrollment rate. As of the first week in April 2016, 107 of 220 Veterans have been enrolled in the study, and all three study teams will finally be fully staffed to achieve an enrollment rate of 12-15 Veterans per month, which would allow all 220 Veterans to be enrolled by the end of this year or early 2017. Veterans remain in the study for about 21 months so data collection will end about 21 months after the last Veteran is enrolled, which would be late 2018. The data will then be analyzed, and the results will be published in a peer-reviewed scientific journal.

While VA does not purchase service dogs for Veterans, VA does provide benefits to eligible Veterans with a recognized service dog, which include free high quality veterinary wellness and medical/surgical insurance, certain hardware costs, and certain Veteran travel costs associated with training with the service dog. This benefit extends to service dogs prescribed for a disabled Veteran to manage a diagnosed visual, hearing, or substantial mobility impairment, in order to enable the Veteran to live independently. 38 C.F.R. § 17.148 (77 Fed. Reg. 54,381, Sept. 5, 2012).

Currently, VA does not provide benefits for PTSD or mental health dogs because they are not known to be effective in overcoming specific functional limitations; this study is incredibly important in building the evidence base. VA continues to monitor other scientific literature for quality evidence to inform future policies and remains strongly committed to completing the current PTSD and service dog study at an estimated cost of at least \$12 million.

#### **Existing Effective Treatment of PTSD**



VA is strongly committed to the delivery of the best care for Veterans with PTSD. Advances in research have led to a range of effective treatments for PTSD that reduce symptoms and increase functioning and well-being. The VA/Department of Defense Clinical Practice Guideline recommends trauma-focused cognitive behavioral therapy [such as Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT)], Eye Movement Desensitization and Reprocessing, stress inoculation, selective serotonin reuptake inhibitors, and venlafaxine, a serotonin norepinephrine reuptake inhibitor, as primary treatments for PTSD. PE and CPT are among the most widely studied types of trauma-focused cognitive behavioral therapy. Evidence demonstrating their effectiveness is particularly strong. VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, requires that all VA medical centers provide access to either PE or CPT. VA has supported this requirement by training upwards of 7,000 therapists in these treatments as part of a broader initiative to disseminate evidence-based psychotherapy for mental disorders. Uptake of PE and CPT across the VA health care system was rapid; by 2009, 96 percent of VA facilities were providing PE or CPT and 72 percent were providing both. VA also offers a range of treatment options to treat PTSD and associated symptoms and is using telehealth technologies to increase the availability of treatment for PTSD. VA remains open to new and innovative treatments for PTSD and supports research on these treatments as part of its portfolio on PTSD and related conditions.

Mr. Chairman, I appreciate the opportunity to appear before you today. We are prepared to answer any questions you or other Members of the Committee may have.

Mr. DESANTIS. Thank you, Dr. Fallon.  
Mr. Diamond, you are now recognized for 5 minutes.

#### **STATEMENT OF RORY DIAMOND**

Mr. DIAMOND. Thank you, Mr. Chairman. Thank you, ranking member, members of the committee. We are absolutely thrilled to be here to talk about this very important matter.

My name is Rory Diamond. I'm the Executive Director of K9s for Warriors. We are the Nation's largest provider of service dogs for veterans with PTS, traumatic brain injuries, and/or who have been victims of military sexual trauma.

With me today is Brett Simon, the founder of K9s for Warriors, and the current head of our K9 division. We also have two of our graduates. We have Joe Swoboda, an 18-year Army veteran who did three tours in Iraq. And he's with his service dog Lilly. I also have with me Adam LeGrand, a 10-year Air Force veteran who helped men and women in uniform as a medic. He's with his service dog Molly.

As has already been mentioned, statistically speaking, 22 veterans are going to commit suicide today. That's why K9s for Warriors exists. We are founded by a mom. Her name is Shari Duval, and she was worried about her own son's PTS.

Five years later, K9s for Warriors has grown into an organization with a 36 dedicated staff. We have a 9-acre, 17,000 square foot state-of-the-art campus in Ponte Vedra Beach, Florida. And most important, we have a track record of helping hundreds of veterans overcome the symptoms associated with PTS. Importantly, we are very successful at preventing veteran suicide.

Every warrior that comes through our door gets the family treatment, I would say. They get a service K9, they get equipment, training, certification, seminars, legal instruction, vet care, housing, home-cooked meals. We have house moms who listen to them. We have house dads who provide advice. And frankly, we have full wraparound services and follow-up for the life of the dog and the life of the veteran.

At K9s for Warriors we say we always have our veterans' backs, and we absolutely never charge our veterans. Our program is 100 percent free.

We've had two independent sets of researchers evaluate our program. These are Ph.D.'s who looked at the efficacy of our program, have come back with the exact same conclusion: The program works. The dogs are effective.

Let me just provide a flavor of this. The average K9s for Warriors applicant is on 10 to 15 medications. Fully 92 percent of them will reduce or eliminate those medications after receiving their dog. Seventy-three percent of our graduates improve their overall health. Eighty-five percent will handle anxiety better. Eighty-two percent report having fewer suicidal thoughts and suicidal ideation. Seventy-seven percent report a reduction of nightmares or night terrors, finally being able to get a full night's sleep and being able to get back on a lifecycle.

As Adam LeGrand, who is behind me, says about his service dog Molly, "She gives me the ability to be a father and a functioning member of society again." And Joe, who is behind me, also says,

“I just wouldn’t be here without Lilly. She is the light in the darkness of PTSD.”

So when we hear and read on the VA’s website that there is “not enough research yet to know if the dogs actually help treat PTS and its symptoms,” we fundamentally disagree. There is not a void of research in this regard that we don’t know whether or not a service dog can help mitigate the symptoms associated with PTSD and its associated comorbidities. There is enough research. K9s for Warriors is an example of how that can work.

Given the current crisis of veteran suicide in America, we think it makes sense to err on the side of providing more options for our veterans. What is the harm here? The very worst thing that could happen is a veteran ends up with a dog. But the VA’s response is something that we have seen over and over and over again, that there is a reluctance to agree that this can work.

Our warriors report to us, and they come from all over the country, 42 States, 150 cities, and we ask them all the time, tell us, how is the VA treating you? How is your PTS being treated? And this is what they tell us, and it’s shockingly similar and frustrating to hear it over and over again:

They wait and they wait and they wait and they finally get an appointment. Then they go and get their appointment at the hospital and they wait hour after hour after hour, and finally, they get in front of a psychologist or a psychologist or a clinical social worker, and they have their moment.

And let’s understand what this moment is. This is the one lifeline our government is giving these veterans to recover from PTS. This is their one chance. And do they get 45 minutes of a discussion of the wonderful panoply of options that we just heard Dr. Fallon talk about? No. They report to us they get 10, 15 minutes maybe. The first question is always about how are your meds? And then I guarantee you they walk out with another prescription drug. The VA has three responses to the PTS crisis in America: Drugs, drugs, and more drugs to help you with the drugs we already gave you. That is the response, and we find it unacceptable.

The VA in our opinion has fumbled the first round of the pilot program. In our opinion, we have no confidence that they will successfully pull off the second round. We see an immediate veteran suicide crisis today. We believe the time is now, not after the VA gets their act together, but right now, to start saving these lives.

We appreciate the chairman’s leadership on this issue and would be happy to answer questions.

[Prepared statement of Mr. Diamond follows:]



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Thursday, April 14, 2016

**Testimony of Rory Diamond, Executive Director of K9s For Warriors before  
The Subcommittee on National Security of the House Committee on Oversight and  
Government Reform: “Connecting Veterans with PTSD with Service Dogs”**

The empirical evidence of the efficacy of service dogs in treating the symptoms of Post-traumatic Stress (PTS) is clear and overwhelming. The laborious second effort by the U.S. Department of Veterans Affairs (VA) to run a years-long pilot program to conclude what we already know is wasteful at best. With 22 American veterans committing suicide every day, the time for action is now. K9s For Warriors (K9s) is incredibly successful at preventing veteran suicide and giving our warriors a second chance at life. We believe that federal funding ought to be directed towards organizations like K9s so that our returning heroes can heal from the wounds of war.

**I. About K9s For Warriors**

Founded by Shari Duval in 2011, K9s is the nation’s largest provider of service dogs for American veterans with PTS, traumatic brain injuries (TBI), and/or military sexual trauma (MST). K9s operates from a nine-acre, state-of-the-art campus in Ponte Vedra, Florida with the capacity to pair sixteen warriors with service dogs every month (192 per year). K9s has served veterans in 42 states and over 150 cities with plans to expand to meet the needs of our disabled veterans.

At least 22 veterans commit suicide every day.<sup>1</sup> Twenty-nine percent of post-9/11 veterans suffer from PTS.<sup>2</sup> K9s was founded to combat this crisis and to aid veterans in their recovery process from trauma as a result of military service post 9/11. By pairing veterans with well-trained service dogs (themselves, rescues), the organization has been instrumental in the recovery of hundreds of disabled veterans, and, most importantly, we are incredibly successful at preventing veteran suicide.

<sup>1</sup> “Suicide Data Report,” Department of Veterans Affairs, Mental Health Services, Suicide Prevention Program, Janet Kemp, RN PhD & Robert Bossarte, PhD., (Rev. April 2016).

<sup>2</sup> “Mental Disorders Among OEF/OIF Veterans Using VA Health Care: Facts and Figures Institute of Medicine of the National Academies, National Academy of Sciences, Treatment for Post-traumatic Stress Disorder in Military,” <https://www.aamc.org/download/298324/data/iomPTSstudy.pdf> (last visited April 10, 2016).



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## II. The K9s For Warriors Program

Shari Duval founded K9s to help her son Brett Simon recover from his own experience with PTS. Brett was an expert dog trainer for the Miami Township of Cincinnati Police Department, and, after 9/11, he was attached to the U.S. Army as a contractor, handling bomb-sniffing dogs. After two tours in Iraq, his body returned intact, but the old Brett was nowhere to be found. Determined to aid her son's recovery, Shari immersed herself in research about PTS. In the course of this research, she found (1) an alarming number of veterans were suffering from the same debilitating symptoms as Brett, and (2) many people suffering from PTS had seen improvement with the help of service dogs. For Shari, the next step was obvious: start a non-profit to pair veterans with service dogs and get Brett back to doing what he loves—training dogs.

Working initially out of a two-bedroom house, Shari and Brett found a number of rescue dogs at a local shelter and began inviting warriors suffering from PTS and other service-related issues to a three-week, in-residence training program. Five years later, the organization now has its own campus and kennels, a dedicated staff of 36 and team of 1200 volunteers, and, most importantly, a growing track record of success in aiding hundreds of veterans recover and reintegrate to civilian life with the aid of rescued, well-trained dogs.

### A. K9s Program Is Unique

No other organization operates quite like K9s. First, K9s utilizes rescue and shelter dogs, saving the time and money required for a full-blown puppy breeding program. This results in a win/win for America in that the veteran receives a fully trained, healthy service canine while also saving a perfectly wonderful dog from a high-kill shelter. Second, K9s provides a 21 day, in-house training program. This ensures that our warriors receive extensive one-on-one and cohort training. In addition, this allows our staff ample time to work with the warrior/canine team and ensure an excellent and effective match. Third, K9s utilizes both dog trainers and *warrior trainers*. *Warrior trainers* are veterans with PTS who have service dogs and have progressed far enough along in their own recovery that they can now give back to fellow veterans. This peer-to-peer mentoring ensures that each warrior has a robust support system while learning to utilize their service dog. Finally, every warrior that walks through the door at K9s is family. We provide them with a service canine, equipment, training, certification, seminars, legal instruction, vet care, housing, home cooked meals, unconditional love and listening, and life-time of wrap-around services (including available life-long healthcare and food for their dogs). The K9s program is 100% free for the veteran. As we say at K9s, "We have our warriors' backs."



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### **B. The K9s Program Provides Clear and Convincing Evidence of the Efficacy of Service Dogs for Veterans with PTS**

The K9s program is incredibly effective. When the warriors come through the front door of our clubhouse, they are often giving life just one more chance. We serve the warriors most at risk of veteran suicide. Below is the statistical compilation two researchers compiled from an independent analysis of hundreds of K9s case files:

- The average K9s warrior is on 10-15 medications when beginning our program. 92% see those medications reduced or eliminated after graduation.
- 73% of graduates report improvement in health after having received their dog.
- 85% report being able to handle anxiety better after having received their dog.
- Before receiving their service dogs, 42% of graduates reported that they considered themselves to be in poor health. After receiving their service dog only 7% continued to rate their health as "poor."
- 82% report a decrease in suicidal thoughts.
- 77% report a reduction in nightmares/night terrors.
- Prior to entering the K9s program, none of the graduates reported handling flashbacks well. 35% reported handling flashbacks well after receiving their service dog.
- 93% noted that they benefitted from the physical and mental bond with their service dog.
- Less than 20% of the participants reported being able to attend work or school before receiving their service dog. This number rose to 50% after receiving their services dogs.
- Before receiving their service dog, 93% of the participants reported that symptoms associated with PTS played a major role in their inability to enjoy activities. After receiving their service dog only 18% of participants continued to report that their symptoms played a major role.<sup>3</sup>

### **C. The K9s For Warriors Program is Scalable and Portable**

K9s pioneered an innovative way of training service dogs and pairing them with veterans seeking tools for resilience and health. K9s standardized its practices with the goal of being able to replicate the program across the country. With sufficient funding, the K9s program could be replicated in any community. The economies of scale for the

<sup>3</sup> Jaeckle, T. & Semegon, A. (2015 unpub.) K9s for Warriors: Brief Overview of Initial Statistical Analysis, Flagler College.



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K9s program are significant. In 2017, K9s will be able to train a healthy rescue dog and pair it with a warrior through our academy for approximately \$23,000.

The ancillary benefits to the VA for this effort are significant. For example, as noted above, K9s graduates utilize far fewer medications and have much better overall health. The U.S. federal price tag for the Iraq war — including an estimate for veterans' medical and disability costs into the future — is about \$2.2 trillion dollars. The use of service dogs and the corresponding reduction in the demand for prescription drugs and other VA services is an obvious cost savings to the taxpayer. Moreover, the warrior will have a far higher quality of life with the use of a service dog, rather than simply taking more medications. Finally, many of our warrior graduates are 100% disabled, but choose to go back to work with their service dogs, rather than receive disability benefit checks from the government for the remainder of their lives.

### **III. The VA Pilot Program Is Misguided at Best**

The U.S. Department of Veterans Affairs' (VA) pilot program regarding the efficacy of service dogs for veterans with PTS (the "Pilot Program") is fundamentally flawed for at least four reasons: (1) sufficient evidence exists to support the use of service dogs for veterans with PTS; (2) the Pilot Program's use of emotional support dogs ignores the primary benefit of a service dog for veterans with PTS; (3) insufficient numbers of warriors are seeking and/or following through with traditional PTS therapies; and (4) the VA's delay in providing service dogs for veterans with PTS has already costs lives and any further delay (until at least 2019) will, undoubtedly, cost the lives of even more veterans.

#### **A. Sufficient Evidence Exists to Support the Use of Service Dogs for Veterans with PTS**

The VA makes clear on its website that it believes "there is not enough research yet to know if dogs actually help treat PTS and its symptoms."<sup>4</sup> This misbelief underlies the purpose behind the Pilot Program—to surmise whether or not service dogs help treat PTS; however, sufficient evidence exists to prove without a doubt that service canines ameliorate the symptoms of PTS and related co-morbidities.

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<sup>4</sup> U.S. Dept. of Vet. Aff's website, [http://www.ptsd.va.gov/public/treatment/cope/dogs\\_and\\_ptsd.asp](http://www.ptsd.va.gov/public/treatment/cope/dogs_and_ptsd.asp) (last visited April 10, 2016).



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*1. Two independent studies prove the efficacy of the K9s For Warriors Program*

K9s along with its research partners at Purdue University and the Human Animal Bond Research Initiative will be announcing this summer a peer-reviewed, published study as to the efficacy of K9s program. Specifically, Dr. Marguerite E. O'Hair, Assistant Professor, Human-Animal Interaction at Purdue University's Center for the Human-Animal Bond conducted saliva collection (mouth swab) analysis and standardized self-report measures of mental health and wellbeing, including symptoms of PTS as the primary outcome on the PTS Checklist, as well as secondary outcomes on psychological wellbeing, health, and social functioning on the NIH Patient Reported Outcome Measurement Information System (PROMIS). One-hundred forty one military veterans with PTS (113 male, 28 female) participated, including 76 with a service dog and 65 on the waitlist to receive a service dog from K9s.

Dr. O'Hair's preliminary conclusions are groundbreaking and encouraging, the service dogs: (1) lowered overall PTS symptom severity, in particular assisting warriors with the ability to cope with flashbacks and anxiety attacks, (2) lessened the frequency of nightmares and overall sleep disturbances, (3) lowered overall anxiety, depression, and anger, (4) improved levels of companionship and social reintegration, (5) lowered levels of social isolation, enabling warriors to leave their home more often and interact in public with others, (6) improve a warriors ability to participate in social activities and perform large tasks such as going to the movies, concerts, or traveling, and (7) increase overall psychological wellbeing, and higher levels of life satisfaction and resilience.<sup>5</sup>

Moreover, Drs. Tina Jaeckle and Angi Semegon, Department of Social Sciences, Flagler College conducted an independent analysis verifying the benefits of participating in the K9s program for veterans struggling with PTS. Ninety-three percent of the participants noted that they benefitted from the physical and mental bond with their service dog. Participants also noted positive changes to overall health ( $t(59) = 7.95, p < .001$ ). Before receiving their service dogs, 42% of warriors reported that they considered themselves to be in poor health. After receiving their service dog only 7% continued to rate their health as "poor."

Marked changes in the number of prescription medications being used was also noted. Fifty percent of the participants reported using seven or more types of medication on a regular basis (daily use) prior to receiving their service dog. This number dropped to fewer than 20% of the participants using seven or more types of medication. Only 6%

<sup>5</sup>O'Haire, A. & Rodriguez, K.E. (future pub. date Summer 2016) Pilot Study of the Effects of Service Dogs on Mental Health and Wellness in War Veterans with Posttraumatic Stress Disorder (PTSD). Purdue University.





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of the participants reported taking less than three types of medication prior to receiving their service dog; however, 35% percent of the participants reported they were currently using less than three types of medication after receiving their service dog.

Dramatic changes in psychological symptoms associated with PTS were also documented. Participants reported statistically significant decreases in the number of nightmares ( $t(59) = 10.20, p < .001$ ) flashbacks ( $t(59) = 10.48, p < .001$ ) and anxiety attacks ( $t(59) = 10.82, p < .001$ ) after receiving their service dog. Before receiving their service dog, 89% of the participants reported having more than two nightmares a week. Thirty-five percent reported having nightmares every night (seven nights a week). A marked decrease in the number of nightmares was noted. After receiving their service dog, only 5% continued to have nightmares every night, while 51% reported having two or fewer nightmares per week. Only 3% of the participants reported handling anxiety attacks well before receiving their service dog. This number increased to 29% reported handling their anxiety attacks well after receiving their service dog. Not one of the respondents reported handling flashbacks well prior to receiving their service dog. However, a full 35% reported handling flashbacks well after receiving their service dog.

Most notably, a remarkable decrease in suicidal ideation was also reported. Prior to receiving their service dog, 60% of participants reported often feeling "like dying would be easier." Only 7% of the participants continued to report that they often felt "like dying would be easier."

Participants also noted many positive changes in their daily activities. Less than 20% of the participants reported being able to attend work or school before receiving their service dog. This number rose to 50% after receiving their services dogs. Before receiving their service dog, 93% of the participants reported that symptoms associated with PTS played a major role in their inability to enjoy activities. After receiving their service dog only 18% of participants continued to report that their symptoms played a major role in their ability to enjoy activities. Although many participants (51%) noted that their symptoms still impacted their ability to enjoy activities, they reported a decrease in the degree to which their symptoms interfered with their ability to enjoy activities.<sup>6</sup>

2. *An independent study of another agency providing veterans with PTS service dogs made similar conclusions as the two K9s studies*

In 2013, doctoral candidate Alicia Moore presented a dissertation for a degree of Doctor of Psychology at the Wright Institute Graduate School of Psychology. Dr. Moore conducted an independent review of an unnamed service dog agency's placement of

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<sup>6</sup> Jaeckle (2015), *infra* n. 3.



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service dogs with veterans with PTS and made strikingly similar findings as made by Drs. O'Haire, Jaeckle, and Semegon about the K9s program.

For example, Dr. Moore found that veterans in that program suffering from PTS made dramatic improvements after receiving their service canine. The recipients reported improvements in their ability to handle any or an outright reduction in re-experiencing, nightmares/night terrors, and flashbacks. Likewise, the service canines assisted in overcoming problems of avoidance, numbing, hyper arousal, and various PTS co-morbidities.<sup>7</sup>

3. *A sound foundation of empirical data supports the use of service dogs to ameliorate the symptoms of PTS*

While not directed at the use of service dogs for veterans suffering from PTS specifically, there is ample data showing that service dogs can help *anyone* cope with and/or recover from the symptoms of PTS generally. For example, studies have concluded that spending time with a dog can: (1) increase feelings of affection and unconditional love<sup>8</sup>; (2) reduce feelings of loneliness<sup>9</sup>; (3) increase feelings of empowerment<sup>10</sup>; (4) help one feel valued and needed<sup>11</sup>; (5) provide a major source of support<sup>12</sup>; (6) increase present-moment focus<sup>13</sup>; (7) increase pro-social behaviors<sup>14</sup>; and, most importantly, (8) reduce stress and anxiety.<sup>15</sup>

<sup>7</sup> Marston, H. & Kopicki, A. (2015). The Military Psychologist. The Impact of Service Dogs On Post Traumatic Stress Disorder in the Veteran Population.

<sup>8</sup> Carmack, B.J. (1991). The role of companion animals for persons with AIDS/HIV. *Holistic Nursing Practice*.

<sup>9</sup> Carmack (1991), *infra* n. 8; Krause-Parello, C.A. (2008). The mediating effect of pet attachment support between loneliness and general health in older females living in the community. *Journal of Community Health Nursing*. Krause-Parello, Rew, L. (2000). Friends and pets as companions; strategies for coping with loneliness among homeless youth. *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc.*

<sup>10</sup> Johson, C.M. (2001). *Relationships with animals as a component of the healing process: A study of child abuse survivors*. The Union Institute.

<sup>11</sup> Carmack (1991), *infra* n. 8; Rew (2000), *infra* n. 9.

<sup>12</sup> Bardnill, N. & Hutchison, S. (1997). Animal-assisted therapy with hospitalized adolescents. *Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric Nurses*; Carmack (1991), *infra*, n. 8.

<sup>13</sup> Carmack (1991), *infra*, n. 8; McGraw, S. (2007). *The relationship between soldier and military working dog during the Vietnam War: An empirical existential phenomenological study*. Duquesne University.

<sup>14</sup> Kongable, L.G., Buckwalter, K.C., & Stolley, J.M. (1989). The effects of pet therapy on the social behavior of institutionalized Alzheimer's clients. *Archives of Psychiatric Nursing*.

<sup>15</sup> Allen, K. (2003). Are Pets a Health Pleasure? The Influence of Pets on Blood Pressure. *Current Directions in Psychological Science*; Barker, S. B. Knisely, J.S., McCain, N.L., Schubert, C.M., & Pandurangi, A.K. (2010). Exploratory study of stress-buffering response patterns from interaction with a therapy dog. *Anthrozoos*; Carmack (1991), *infra* n. 8



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Moreover, animal-assisted therapy has been studied and found to be helpful for a variety of mental health disorders including: (1) anxiety<sup>16</sup>; (2) depression<sup>17</sup>; (3) processing grief<sup>18</sup>; (4) relaxation<sup>19</sup>; (5) self-esteem<sup>20</sup>; (6) social isolation/loneliness<sup>21</sup>; and (7) substance abuse.<sup>22</sup>

Thus, the main tenant underlining the Pilot Program—that there is insufficient evidence attesting to the efficacy of service canines in ameliorating the symptoms of PTS—is wholly untenable. The weight of the empirical evidence clearly supports the use of service canines to reduce PTS symptoms. And, given the current crisis in veteran suicide in America, wouldn't it make sense to err on the side of providing more to our veterans, not less?

#### **B. The Pilot Program's Use of Emotional Support Animals Ignores the Central Purpose of a Service Dog for a Veteran with PTS**

One of the greatest challenges facing a veteran with PTS is walking out their front door. Countless K9s warrior participants report that they cannot go to a store, get on a bus, go to the mall, or participate in their childrens' school activities.<sup>23</sup> Our warriors are

<sup>16</sup> Allen, K. (2003), *infra* n. 15; Barker et al. (2010), *infra* n. 15; Morgan, T. (2008). *An examination of the anxiolytic effects of interaction with a therapy dog*. Indiana University; Shiloh, S. (2003). Reduction of state-anxiety by petting animals in a controlled laboratory experiment. *Anxiety, Stress & Coping*.

<sup>17</sup> Folse, E.B., Minder, C.C., Aycock, M.J., & Santana, R.T. (1994). Animal-assisted therapy and depression in adult college students. *Anthrozoos*; Hagman, C.S. (1999). *The effect of animal-assisted therapy on levels of measured anxiety and deperession in residents of assisted living and health care communities*. U. Tennessee; Souter, M.A., & Miller, M.D. (2007). Do animal-assisted activities effectively treat depression? A Meta-analysis. *Anthrozoos*.

<sup>18</sup> Obrien, K. (2007). *Animal-assisted activities and therapy with bereaved children*. Cal. State University, Long Beach; Teso, J. (2011). *The Effect of a Therapy Dog on the Effectiveness of a Child Life Intervention with Adolescents Experiencing Grief and Loss*. Arizona State University.

<sup>19</sup> Charnetski, C.J., Riggers, S., & Brennan, F.X. (2004). Effect of petting a dog on immune system function.

<sup>20</sup> Heindl, B.A. (1996). *The effectiveness of pet therapy as an intervention in a community-based children's day treatment program*. Mississippi State University; Pedersen, I., Nordaunet, T., Martinsen, E.W., Berget, B., & Braastad, B.W. (2001). FAm animal-assisted intervention; relationship between work and contact with farm animals and change in depression, anxiety, and self-efficacy among persons with clinical depression.

<sup>21</sup> Banks, M.R., & Banks, W.A.. (2005). The effects of group and individual animal-assisted therapy on loneliness in residents of long-term care facilities. *Anthrozoos*; McConnel, A.R., Brown, C.M., Shoda, T.M., Stayton, L.E., & Martin, C.E. (2011). Friends with benefits: On the positive consequences of pet ownership. *Journal of Personality and Social Psychology*; Rew (1990), *infra* n. 9.

<sup>22</sup> Campbell-Begg, T. (1998). *Promotion of transactions during animal-assisted, group therapy with individuals who are recovering from chemical addictions*. D'Youville College; Pace, K.L. (1996). *The impact of animal-assisted therapy with an adolescent substance abuse population*. Rush University, College of Nursing; Wesley, M.C., Minatrea, N.B., & Watson, J.C. (2009) Animal-assisted therapy in the treatment of substance dependence. *Anthrozoos*.

<sup>23</sup> Dr. Moore reports remarkably similar statements from the warriors she interviewed.



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isolated and hiding at home. The story is repeated over-and-over, our warriors are hyper vigilant, prone to anxiety in public, and generally unable to go out into the civilian world further isolating themselves. This is an impassable barrier to getting help. The service dogs we pair them with serve as a bridge for them to integrate successfully into the civilian community. Moreover, after returning from war, our warriors no longer have benefit and comfort of their battle buddies. Our graduates consistently tell us that their dogs help fill that void.

As noted above, less than 20% of warriors applying to the K9s program report being able to attend work or school before receiving the service dog.<sup>24</sup> However, this isolation drops dramatically after receiving a service dog. K9s has found through its life-time follow-up/wrap around services program that graduated warriors have reengaged in many life tasks that their symptoms previously prevented them from participating in, such as work, school, and socializing with family and friends.

Yet, via the Pilot Program, the VA is attempting to liken a *service dog* with an *emotional support animal*. The Americans with Disabilities Act of 1990 and associated regulations ensures public access for *service dogs* but does not protect such access for individuals with *emotional support dogs*.<sup>25</sup> Thus, the VA's attempt to push emotional support dogs onto warriors with PTS points to their total lack of awareness as to when and, in particular where, a veteran with PTS needs a service dog. Our disabled veterans need to be able to take their dogs to work, school, the mall, on an airplane. What good is an emotional support dog if the warrior cannot take it to the very places that trigger his or her PTS symptoms?

### C. Few Veterans Seek Treatment for PTS and Even Fewer Continue that Treatment

The Pilot Program assumes that the VA is offering another viable option for the treatment of PTS for the veterans they serve. Putting aside the shockingly inept response by the VA to the veteran suicide crisis, not enough of our warriors are seeking help from traditional sources. One study found that of veterans filing disability claims from PTS,

<sup>24</sup> Jaeckle (2016), *infra* n. 3.

<sup>25</sup> The Americans with Disabilities Act (ADA) 2010 Regulations define a service animal as "any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition." C.F.R. § 35.104 and § 36.104 (2010). An emotional support dog is not trained to perform any specific tasks and, therefore, does not enjoy the same public access laws as a service dog.



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just over 50% also sought treatment for the condition.<sup>26</sup> Moreover, the drop-out rate of veterans for more traditional PTS therapies is too high.<sup>27</sup> One analysis found that the attrition rate was 68%.<sup>28</sup> Based upon the high-rate of veterans with PTS who will not seek out treatment at all and the high rate of attrition for those that do, other approaches, specifically the use of service dogs must be tried. Programs like K9s are undoubtedly filling the gaps where the VA is failing. Without question, the attrition rate from the K9s program is materially lower than traditional therapies.

#### **D. The Time Has Long Since Passed for the VA to Provide PTS Service Dogs**

The original PTS service dog pilot program was mandated by Congress in 2009. Since then, over 50,000 American veterans have committed suicide. *If* the VA successfully concludes this study on time, it will be finished in 2018 with funding available for warriors in 2019. That is a best case scenario; however, as of this testimony, the VA has, apparently, only been able to pair a few dozen warriors with dogs, and it seems highly unlikely that the Pilot Program will conclude on time. Likewise, there is very little evidence indicating that even with positive results from the Pilot Program that the VA will overcome its obvious reluctance to pay for PTS service dogs and act on that data.

Our warriors report to us that they receive very little attention at the VA. They wait and wait and wait, and when they finally get a moment before a psychiatrist or a psychologist (or very often a clinical social worker), they get no more than a few minutes of their time. On a good day, they will get some eye-contact, but most of the time they just see someone filling out a form. And, without fail, they walk away with yet another prescription drug. Rehashing the litany of failures of the VA system seems to serve little purpose. Suffice to say that our warriors feel their government has abandoned them.

We have proof the dogs work. Providing our disabled veterans with a life-saving (and cost effective) service dog is not too much to ask. The time is now to provide these essential tools that will help keep our nation's heroes alive.

<sup>26</sup> Sayer, N., Friedemann-Sanchez, G. Spont, M., Murdoch, M., Parker, L.E., Chiros, C., & Rosenheck, R. (2009). A qualitative study of determinants of PTSD treatment initiation in veterans. *Psychiatry: Interpersonal and Biological Processes*.

<sup>27</sup> Angeli, N. (2009). *Adherence to psychotherapy for post-traumatic stress in veterans of military combat in Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom)*. Georgia State University.

<sup>28</sup> Garcia, H.A., Kelly, L.P., Rentz, T.O., & Shuko, L. (2011). Pretreatment Predictors of Dropout From Cognitive Behavioral Therapy for PTSD in Iraq and Afghanistan War Veterans. *Psychological Services*.



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Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Rory Diamond", is written over a horizontal line.

Rory Diamond, Executive Director

Mr. DESANTIS. Thank you.

Mr. Lyle, you are up for 5 minutes.

#### STATEMENT OF COLE LYLE

Mr. LYLE. Well, thank you, Chairman DeSantis, Ranking Member Lynch, distinguished Representatives of the subcommittee. I appreciate the opportunity to testify.

I'd like to begin by saying that I'm not here for myself. I'm here strictly for my brothers and sisters still struggling to transition to post-military life while also struggling with posttraumatic stress and no other options besides drugs and therapy. I'm here for those of us in the veteran communities who have been left behind and continue to deal with the pain of suicide, as other veterans see no way out. I'm here for the veterans who have lost faith in the system, lost hope for themselves, and have lost purpose in their lives. I'm here for the men and women that, like myself, have had to go it alone and acquire their service dogs at extraordinary financial burden to them.

For these reasons, I've been fighting for the last year to change the existing VA policy. I believe that allowing veterans to fight PTS without all options available to them is tantamount to sending our military to fight an enemy without a secondary weapon in their arsenal.

While in Afghanistan for the majority of 2011, my unit served in the kinetic Helmand Province. I was based out of Camp Leatherneck but spent some time with the British and ISAF forces near Marjah on a Royal air base in Lashkar Gah. My physical injuries as a result of military service are insignificant relative to my fellow veterans.

But like many veterans today who show little signs of physical injury, there are many scars beneath the surface. During the last few months of my deployment, as our replacements were starting to arrive and take over the operational capabilities of our unit, I felt I wasn't doing enough to help the cause of our war fighters. I started volunteering my time, largely during sleep hours, at a severely understaffed Bastion trauma center. It was there, mentally unprepared for the new volunteer role I assumed, that has affected me most in my post-deployment transition.

Upon returning stateside, veterans take a post-deployment health assessment, which indicated that I needed to seek treatment for posttraumatic stress. I started to utilize the VA system, and eventually, I met with a psychologist who confirmed the preliminary results of the health assessment. I was then prescribed sleep aids and antidepressants and told to utilize what's called a Veterans Center in my local area for counseling.

A little less than 2 years on this path, the symptoms seemed to stagnate or get worse. Upon discharge from the Marine Corps in early 2014, interpersonal relationships were harder to maintain than necessary, along with not having the support system of my fellow marines and the chain of command. I didn't have a civilian job, was not in school yet, and simultaneously was experiencing a divorce.

In the same few months, I would experience what most veterans now are all too familiar with: the loss of military friends to pre-

ventable suicide. Many of these veterans had gotten addicted to the slew of pills prescribed to them and lost even a glimmer of hope in their lives. Some of these men and women had spouses, had children, mothers, fathers, and friends they left behind because the status quo of treatment for posttraumatic stress failed them.

Life as I'd known it had been ripped away, and one night alone, I decided to end it all. It is only for the timing of a friend, a fellow marine, arriving on my doorstep at that exact moment that I'm here right now, *semper fidelis* indeed.

The next day I quit medication cold turkey, not wanting to continue down the dark path of opiate addiction. I sought another way and found that a trained service dog was an option, but not one provided by the VA. Further inquiry to local nonprofits similar to K9s for Warriors resulted in wait times over a year, with the demand being as high and nonprofit-based budgets what they are.

A few months after searching myself, I got Kaya, who's at my feet today, who quite literally pounced into my life. I had her obedience trained, then subsequently trained for posttraumatic stress symptoms by an Assistance Dogs International-accredited trainer. After roughly \$10,000 all told with my family's assistance, of my own money, I got the help I needed. Yet today, many veterans still don't have those resources.

I still have my bad days, but with Kaya at my side, I'm largely in a different phase. I call it recovery. Retired Marine General James Mattis calls it posttraumatic growth. The bad days are less frequent than they've ever been, and they mainly come when I get news of another friend who has committed suicide.

Since starting this quest, more and more of the veteran community have come forward to impart upon me the stories of their brothers and sisters who have taken their lives. Just last week, a close friend of mine in Texas lost a marine he served with to suicide. A month ago, one of my best friends who I deployed with, and the father of my goddaughter, admitted to me that he had gotten close and also would have succeeded had another marine not stepped in.

They all come to me pleading, in fact begging, to use what voice I have in this chamber and in the halls of Congress to give you all this message: Service dogs will save lives. And with the current epidemic of veteran suicides, it is unconscionable to keep the status quo and wait any longer to institute this change we all know is a viable solution to reduce the epidemic of veteran suicides.

Thank you very much for the opportunity to testify, and I look forward to answering your questions.

[Prepared statement of Mr. Lyle follows:]



April 14<sup>th</sup>, 2016

**Statement of Cole T. Lyle before the House Oversight and Government Reform  
Subcommittee on National Security**

Chairman DeSantis, Ranking Member Cummins, distinguished Representatives of this subcommittee, thank you all for the opportunity to testify. I request that my statement be accepted for the record.

I'd like to begin by saying I'm not here for myself. I'm here strictly for my brothers and sisters still struggling to transition to post-military life while struggling with PTS and no other options besides traditional evidence based treatments. I'm here for those of us in the veteran communities who have been left behind and continue to deal with the pain of suicide, as other veterans see no way out. I'm here for the veterans who have lost faith in the system, lost hope for themselves, and have lost purpose in their lives. I'm here for the men and women that, like myself, have had to go it alone and acquire their service dogs, at extraordinary financial burden to them. For these reasons, I've been fighting for the last year to change VA policy. I believe that allowing veterans to fight PTS without all options available to them is tantamount to sending our military to fight an enemy without a secondary weapon in their arsenal.

While in Afghanistan for the majority of 2011, my unit served in the kinetic Helmand Province. I was based out of Camp Leatherneck, but spent some time with the British and ISAF forces near Marjah, on a Royal air-base in Lashkar-Gah. My physical issues as a result of military service are insignificant relative to that of my fellow Marines and Royal Marines. But like many veterans today who show little signs of physical injury, there are many with scars beneath the surface. During the last few months of my deployment, as our replacements were starting to arrive and take over the operational capabilities of our unit, I felt I wasn't doing enough to help the cause of our warfighters. I started volunteering my time, largely during sleep hours, at the severely understaffed Bastion Trauma Center. It was there, mentally unprepared for the new volunteer role I assumed, that has affected me most in my post-deployment transition.

Upon returning stateside we took a "Post-Deployment Health Assessment", which indicated a need to seek treatment for PTS. I started to utilize the VA system and eventually, I met with a psychologist who confirmed the preliminary results of the Health Assessment, and proceeded to prescribe me sleep aids and antidepressants. Furthermore, I was told to utilize a Veterans Center for counseling. A little less than two years on this path, the symptoms seemed to stagnate or get worse. Upon discharge from the Corps in early 2014, intra-personal relationships were harder to maintain than necessary, along with not having the familiar support system of my fellow Marines and the chain of command. I didn't have a civilian job, wasn't in school yet, and simultaneously was going through a divorce. In the same few months, I would experience what most veterans now are all too familiar with: the loss of military friends to preventable suicide. Many of these veterans had gotten addicted to the slew of pills prescribed to them and lost even a glimmer of hope in life. Some of these men and women had

spouses, children, mothers, fathers, and friends they left behind because the status quo of treatment for PTS failed them. Life as I'd known it had been ripped away, and one night alone, I decided to end it all. It is only for the timing of a friend, a fellow Marine, arriving on my doorstep at that exact moment that I'm here right now. Semper Fidelis, indeed.

The next day I quit medication cold-turkey, not wanting to continue down the dark path of opioid addiction. I sought another way, and found that a trained service dog was an option, but not one provided by the VA. Further inquiry to local non-profits similar to K9's for Warriors resulted in wait-times over a year. A few months after searching myself, I got Kaya, who quite literally pounced into my life. I had her obedience trained, then subsequently trained for PTS symptoms by an Assistance Dogs International-accredited trainer. After roughly ten-thousand dollars all-told of my own money, I received help from my family who saw the need. Yet today, many veterans don't have those resources. I still have bad days, but with Kaya at my side, I'm largely in a different phase. I call it recovery. Retired Marine General James Mattis called it, "Post Traumatic Growth".

The bad days are less frequent than they have ever been, and they mainly come when I get news of another friend lost to suicide. Since starting this quest, more and more of the veteran community have come forward to impart upon me the stories of their brothers and sisters who have committed suicide. Just last week, a close friend of mine lost a Marine he served with to suicide. A month ago, one of my best friends whom I deployed with, and the father of my god-daughter, admitted to me he got close and would have succeeded if not for another Marine intervening. They all come to me pleading, in fact begging me, to use what voice I have in this chamber to give you all this message: service dogs will save lives, and with the current epidemic of veteran suicides, it's unconscionable to keep the status quo and wait any longer to institute this change we all know is a viable solution to reduce the epidemic of veteran suicides.

Thank you again for the opportunity to testify, and I look forward to answering your questions.

Mr. DESANTIS. Thank you.

Mr. Feldman, you are up for 5 minutes.

#### STATEMENT OF STEVE FELDMAN

Mr. FELDMAN. That's a tough act to follow.

Mr. Chairman, Ranking Member Lynch, members of the subcommittee, thank you for the opportunity to testify today.

I'm Steve Feldman. I'm the executive director of the Human-Animal Bond Research Initiative. That's HABRI for short. We're a nonprofit research and education foundation that funds research on the benefits of companion animals to human health, and specifically, we're looking at children with autism, we're looking at victims of domestic violence, and we're looking at how we can use these animal-assisted interventions for veterans with posttraumatic stress.

In addition to funding this research, we also have built and maintained the world's largest research library on human-animal interaction, and that's free and online and available and searchable to anyone who's doing research in this area.

And we also support commonsense public policies that should reflect the definitive body of science that show significant positive health impacts that companion animals have on human health.

The VA says it doesn't have enough evidence to support service animals for veterans with PTS. We respectfully disagree, and that's why we support H.R. 4764. We believe there is significant scientific evidence to support the efficacy of service dogs for veterans with PTS.

We funded the first systematic review of research on animal-assisted intervention for victims of trauma. That was conducted at Purdue University, Dr. Fallon's alma mater, and it was published less than a year ago. And what it found was preliminary evidence that animals provide unique elements to address PTS symptoms.

And I think it's also really important to note, because Mr. Diamond said what's the harm, this systematic review of published and unpublished research found no negative effects from any of these studies. So no harm was found in any of the research that we looked at. So we think this supports the conclusion that service dogs for trauma survivors, including veterans with PTS, can positively effect depression, anxiety, social outcomes, sleep, and quality of life.

And we're currently funding a pilot study on the effect of service dogs on mental health and wellness in military veterans with PTS. Scientists are measuring psychological and psychosocial functioning, including symptoms of PTSD, depression, life and relationship satisfaction, and quality of life in 137 military veterans diagnosed with PTSD who either have a service dog or who are waiting to receive one. And the ones who are waiting to receive one is our control —scientific control group.

And so the preliminary unpublished results indicate that military veterans with service dogs exhibit significantly lower overall PTS symptoms severity, and that includes better ability to cope with flashbacks and anxiety attacks; reduced frequency of nightmares and less overall sleep disturbance; lower anxiety, depression, and anger; higher levels of companionship and social reintegration;

increased overall psychological well-being; and higher levels of life satisfaction and resilience. And we have to wait for the final results of this study to be published in a peer-reviewed scientific journal, which we expect to happen later this year, but we wanted to bring you these preliminary outcomes because they're so encouraging and so important to the discussion today.

And I also urge the committee and the VA to look broadly at research studies that really look at several key measures of mental health and well-being like depression, anxiety, stress, and social integration, all of which are associated with PTS. My written testimony covers these in great detail, and you can find even more studies in our database.

And that's why an organization like HABRI can be hopefully really helpful because we're looking at the broad spectrum of research, not just one little narrow slice of it. And that broad spectrum of research is pretty definitive. You know, for example, we're looking at what happens in a person's brain when they interact with an animal. The level of oxytocin, which is a good hormone, goes up. The level of cortisol, which is the stress hormone, goes down. And so when fingers meet fur, there's something really fantastic that's happening, and I think we've heard about some of the specific examples today.

You know, if you combine those scientifically documented therapeutic effects with the trained actions of a service dog, you get a powerful combination. The Americans with Disabilities Act recognizes service dogs for PTSD in their regulations, and States are increasingly updating their definition of service animals. Just last year, the State of Florida passed a law to expand protections of service animal statutes to include traumatic brain injury and PTSD. And the inclusion of these protections allows veterans who have a disability that may not be outwardly visible to have access to public accommodations with their service dogs. Sometimes these symptoms manifest themselves in public, so while pets and emotional support animals can provide some of the benefits we've just been discussing, it's only a trained service dog that has full public access that can provide that animal-assisted intervention wherever and whenever it's really necessary for a veteran with PTSD.

You know, what about the doctors on all this? We did a survey last year which showed—of 1,000 doctors which showed that 69 percent of them have worked with animals and hospitals, medical centers, or medical practice, and 88 percent of doctors saw improvement in a patient's physical condition and 97 percent saw an improvement in patients' mental health condition as a result of animal-assisted intervention. So doctors are likely to be really supportive if we can get this program going, and really willing participants as we provide service dogs to veterans with PTS.

So I just want to conclude by saying there is a growing body of research that demonstrates widespread positive mental health impacts from the human-animal bond, and we hope that you and the VA will take this broad evidence into consideration when shaping public health policy both in relation to 4764 and beyond.

And I hope the members of the subcommittee and the VA will rely on HABRI as a resource. That's what we're here for, to be a scientific resource for anyone who's interested in this.

With PTS affecting so many of our veterans, we need to make sure that everyone has access to service dogs. And H.R. 4764 really is a great step in the right direction, and that's why we fully support the legislation.

So, Mr. Chairman, Ranking Member Lynch, members of the committee, I really want to thank you. I want to thank your hard-working staff, and especially, Mr. Chairman, thank you for your leadership on this issue. And I'm happy to answer any questions that you may have.

[Prepared statement of Mr. Feldman follows:]

**Testimony of Steven Feldman  
Human Animal Bond Research Initiative (HABRI) Foundation**

**Before  
The U.S. House of Representatives  
Committee on Oversight and Government Reform  
Subcommittee on National Security**

**April 14, 2016**

Mr. Chairman, thank you for the opportunity to provide testimony to the House Committee on Oversight and Government Reform Subcommittee on National Security. My name is Steven Feldman, I am the Executive Director of the Human Animal Bond Research Initiative (HABRI) Foundation, a non-profit research and educational organization that works to fund scientific research on the human health benefits of companion animals. HABRI is in its third year of funding innovative research projects, which include studies on the benefits of animal-assisted interventions for children with autism, victims of domestic violence, and veterans with post-traumatic stress disorder (PTSD). In addition to funding groundbreaking research, HABRI maintains the world's largest online library for scientific information on the human-animal bond, making it the most comprehensive resource in this growing field of study. HABRI works to inform the public about this research, including the need for public policies reflecting the definitive body of science that shows the significant, positive impact of companion animals on human health.

Veterans who suffer from physical and mental disabilities deserve every therapeutic treatment and form of ongoing support available to them. This includes service animals to aid in short- and long-term recovery. The U.S. Department of

Veterans Affairs (VA) currently supports service dogs for veterans “diagnosed as having visual, hearing, or substantial mobility impairment”. However, in 2012 the VA concluded that it would not support service animals for mental disabilities based on “a lack of evidence supporting a finding of mental health service dog efficacy.”<sup>ii</sup>

HABRI strongly supports the Puppies Assisting Wounded Servicemembers (PAWS) Act, HR 4764, which will direct the VA to carry out a pilot program to provide service dogs to veterans with severe PTSD. HABRI maintains that there is significant scientific evidence to substantiate the efficacy of service dogs for veterans with PTSD.

HABRI supported the first systematic review of the research on animal-assisted intervention (AAI) for victims of trauma conducted by Purdue University, which was published less than a year ago. The study found preliminary evidence that “animals may provide unique elements to address several PTSD symptoms.” Specifically, “people with PTSD often experience emotional numbing, yet the presence of an animal has been reported to elicit positive emotions and warmth. Animals have also been demonstrated as social facilitators that can connect people and reduce loneliness, which may assist individuals with PTSD break out of isolation and connect to the humans around them.”<sup>ii</sup> I think it is also important to note that no negative effects were reported. This study supports the conclusion that service dogs for trauma survivors, including veterans with PTSD, can positively affect depression, anxiety, social outcomes, sleep, and quality of life.

HABRI is currently funding a pilot study on the effects of service dogs on mental health and wellness in military veterans with PTSD. This study, which is scheduled to be completed this summer, analyzes 137 military veterans diagnosed with PTSD from a national service dog provider, K9s for Warriors, who either currently had a service dog or were on the waitlist to receive one. Scientists measured psychosocial and psychological functioning, including symptoms of PTSD, depression, life and relationship satisfaction, and quality of life. The researchers also collected salivary assays of cortisol awakening response to examine stress and hyper arousal.

Preliminary, unpublished results indicate that military veterans with a service dog exhibit significantly lower overall PTSD symptom severity. Compared to those on the waitlist, veterans with PTSD paired with service dogs demonstrated a better ability to cope with flashbacks and anxiety attacks; reduced frequency of nightmares and less overall sleep disturbance; lower anxiety, depression and anger; higher levels of companionship and social reintegration; increased overall psychological wellbeing; and higher levels of life satisfaction and resilience. While we must wait for the final results of this study to be published later this year, these preliminary outcomes are encouraging, and we felt that it was important to share them with you today.

I would also urge the Committee and the VA to look broadly at research studies indicating that several key measures of mental health and well-being are positively affected by animal-assisted interventions, including depression, anxiety and stress – all of which are symptoms associated with PTSD. For example, studies suggested that the



release of oxytocin, which occurs during positive contact with companion animals, “mediates a host of effects such as stimulating social interaction, reducing stress and increasing pain thresholds”<sup>iii</sup> and that “interaction with a friendly companion animal, in particular a dog, positively affects endocrine responses as indicated by changes in the levels of cortisol...suggesting an attenuation of stress responses via HAI.”<sup>iv</sup> This speaks to what is happening in a person’s brain when they interact with an animal: the level of oxytocin, a good hormone, increases, and the level of cortisol, a stress hormone, decreases.

A meta-analysis of five different studies concluded that AAI has the potential to significantly reduce depressive symptoms.<sup>v</sup> In addition, a review of studies focusing on the health and mental benefits of interactions with companion animals found positive improvements in quality of life for people struggling with depression and anxiety.<sup>vi</sup>

Additionally, a study published just last year found that people were more socially connected as a result of having companion animals and that such connections helped build strong social support systems.<sup>vii</sup> This is especially relevant because social isolation may be associated with PTSD.

When you combine these documented therapeutic effects with the trained actions of a service dog, you get a powerful combination that can make a real impact for veterans. The Americans with Disabilities Act (ADA) regulations recognize this, and includes service dogs for PTSD in their definition of service animals:

"Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties."

States increasingly recognize the need to update definitions of service animals to include mental disabilities as well. Last year, the State of Florida passed a law to expand the protection of its service animal statute to include traumatic brain injury and PTSD.

The inclusion of these protections allow veterans who have a disability that may not be outwardly visible to have access to public accommodations with their service dogs. Service dog access is especially important because symptoms of PTSD can often manifest themselves in public. While pets and therapy animals can provide some of the benefits I have just described, a service dog that is trained to perform specific actions and has full public access can provide effective animal-assisted interventions whenever and wherever they are needed.

H.R. 4764 also calls for veterans to "see a physician who is a primary care provider or mental health care provider at a Department of Veterans Affairs medical facility at least quarterly." It is worth noting that doctors are familiar with and supportive

of animal-assisted interventions. In 2014, HABRI commissioned a survey of 1,000 general practitioners and found that 69% of doctors have worked with animals in a hospital, medical center, or medical practice. 88% of doctors saw improvement in patients' physical conditions and 97% saw improvement in patients' mental health conditions as a result of interaction with animals. These numbers indicate that doctors are likely to be supportive partners in this important program.

To conclude, a growing body of research demonstrates widespread positive mental health impacts from the human-animal bond that should be taken into consideration when shaping public health policy, both in relation to H.R. 4764 and beyond.

Thank you again for the opportunity to be here today and I hope that the members of the Subcommittee will rely on HABRI as a resource. With PTSD affecting more than 250,000 post 9-11 war veterans, VA support for service animals is the best way to ensure that every veteran with PTSD has access to the beneficial impact of the human-animal bond. HR 4764 is a strong step in the right direction, and HABRI offers its full support for this pilot program.

I would also like to thank you, Chairman DeSantis, for your service, your leadership and your commitment to supporting our veterans.

I am happy to answer any questions you may have.

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<sup>i</sup> Service Dogs, A Rule by the Veterans Affairs Department, Federal Register. September 5, 2012. Web. <<https://www.federalregister.gov/articles/2012/09/05/2012-21784/service-dogs#h-10>>.

<sup>ii</sup> O'Haire ME, Guérin NA and Kirkham AC. "Animal-Assisted Intervention for trauma: a systematic literature review." *Front. Psychol.* 6:1121. (2015). Web. 1 Apr. 2016. <<http://journal.frontiersin.org/article/10.3389/fpsyg.2015.01121/full>>.

<sup>iii</sup> Hosey, Geoff, and Vicky Melfi. "Human-Animal Interactions, Relationships and Bonds: A Review and Analysis of the Literature." *International Journal of Comparative Psychology* 27.1 (2014): 117-47. EScholarship. University of California, 2014. Web. 1 Apr. 2016. <<http://eprints.cdlib.org/uc/item/6955n8kd#page-1>>.

<sup>iv</sup> Beetz, Andrea et al. "Psychosocial and Psychophysiological Effects of Human-Animal Interactions: The Possible Role of Oxytocin." *Frontiers in Psychology* 3 (2012): 234. PMC. Web. 4 Apr. 2016.

<sup>v</sup> Souter, Megan A., and Michelle D. Miller. "Do Animal-Assisted Activities Effectively Treat Depression? A Meta-Analysis." *Anthrozoos* 20.2 (2007): 167-80. *Taylor Francis Online*. Toutledge, 28 Apr. 2015. Web. 1 Apr. 2016. <<http://patastherapeutas.org/wp-content/uploads/2015/07/Depressa%CC%83oMetaAnalise.pdf>>.

<sup>vi</sup> Walsh, Froma. "Human-Animal Bonds I: The Relational Significance of Companion Animals." *Family Process* 48.4 (2009): 462-80. *Research Gate*. Center for Family Health, University of Chicago, Dec. 2009. Web. 1 Apr. 2016. <[https://www.researchgate.net/publication/40023863\\_Human-Animal\\_Bonds\\_I\\_The\\_Relational\\_Significance\\_of\\_Companion\\_Animals](https://www.researchgate.net/publication/40023863_Human-Animal_Bonds_I_The_Relational_Significance_of_Companion_Animals)>.

<sup>vii</sup> Wood L, Martin K, Christian H, Nathan A, Lauritsen C, Houghton S, et al. (2015) The Pet Factor - Companion Animals as a Conduit for Getting to Know People, Friendship Formation and Social Support. *PLoS ONE* 10(4): e0122085. doi:10.1371/journal.pone.0122085

Mr. DESANTIS. Thank you. I thank the witnesses. The chair now recognizes himself for 5 minutes.

Dr. Fallon, so why does the reject pairing veterans suffering from PTS with service dogs?

Mr. FALLON. We don't, Mr. Chairman. VA is thrilled that service dogs help veterans. It's just, as a large medical organization, we have to rely on evidence-based medicine. The veteran population is very heterogenous. What helps one veteran is not going to help all. We have to —

Mr. DESANTIS. Have any of the preliminary results that have been pointed to by the witnesses at Purdue or any of those, has that changed any of the thinking within the VA?

Mr. FALLON. Well, Mr. Chairman, I would point out that in the publication that was funded by HABRI, Dr. O'Hare published in 2015, one of her main conclusions was that more research needs to be done. That's right out of the paper. She also documented a number of deficiencies in the literature. She also was quoted in Military Times article on her work that nonbiased research needed to be completed. This was in 2015.

Mr. DESANTIS. So that said, so the VA's approach to PTS, is it fair to say that it relies heavily on pharmaceuticals?

Mr. FALLON. I'm a veterinarian, Mr. Chairman. I couldn't —

Mr. DESANTIS. But you are not familiar with how these veterans—so basically, you are just here as a veterinarian. You don't have as much knowledge on just PTS generally?

Mr. FALLON. No, Mr. Chairman. My role here is to update you on our study. I certainly would not pretend to be an expert in human clinical medicine.

Mr. DESANTIS. Okay. Well, because I think all the indications we have received from witnesses, from veterans are that, you know, you get counseling, you get drugs. I mean, that is kind of the two things. And that is effective for some people, but there are other people, and I think Cole Lyle is one, that will say but that is not good. So maybe you can't answer this, but are there dangers associated with providing veterans opioids and other pharmaceuticals to deal with PTS?

Mr. FALLON. I couldn't comment on that, Mr. Chairman.

Mr. DESANTIS. Okay. Well, what would you say to that, Mr. Diamond?

Mr. DIAMOND. If you look at the Wikipedia entry for some of these opiates, they clearly set down an entire list of side effects, including increased suicide. In our opinion, a dog is not going to cause any harm, and yet we see every single month our classes, the warriors are transforming. They come in and they're a wreck. They're overmedicated, they are lost, they are frightened just to have left their homes.

And we see them over 3 weeks working with our staff, working with their service dog as that bond kicks in, that they become different people. And they are able to go out the front door again. They're able to go to a store again. They're able to go to the beach in Florida again. And these are things that they could not do without their service dog. It opens the door. It lowers barriers to even getting other help. They become more like the people they were before they went off to war.

Mr. DESANTIS. Mr. Feldman, can you—the opioids, I mean, is there a danger of side effects with that? Is that accurate to say that that is the case?

Mr. FELDMAN. I think pretty much everyone knows that, but I do want to respond to something that Dr. Fallon said.

You know, we're here in Washington and so we've—there's a lot of people who do regulations. You're never going to meet a regulator who says we have enough regulations. You're never going to meet a researcher who says we have enough research. So of course we need to continue to do more research, and that's what we're funding right now. But when you add it all up, we really do think there's enough research to substantiate this program.

Mr. DESANTIS. Has there been any research that substantiates dangerous side effects with pairing a veteran with a service dog?

Mr. FELDMAN. No, sir. There is in fact an absence of that evidence.

Mr. DESANTIS. Cole Lyle, have you had any negative side effects since you have been paired with your service dog?

Mr. LYLE. That's a strong negative, Mr. Chairman.

Mr. DESANTIS. So, I mean, I think we all agree that veteran suicides are a major problem. We need to do everything we can to prevent them. And I think it makes sense that the VA should explore all possible ways that this can be dealt with. And I understand that there may not—that, you know, people can say, well, we need more literature, but, you know, we have enough evidence there that I think it is something that is long overdue.

Let me ask you this, Mr. Feldman. How is the VA's opposition to providing service dogs harm veterans with PTS?

Mr. FELDMAN. Well, I guess I'll just speak as a citizen on this one. I just don't think the words veteran and waiting list sort of belong in the same sentence. And while, you know, K9s for Warriors and other organizations like it are doing their best to put as many paws on the ground as they possibly can, the only way we're really going to get this done is if we have the VA providing that kind of support.

Mr. DESANTIS. What about Mr. Diamond? What is your judgment about the VA's posture? How has that affected veterans?

Mr. DIAMOND. It's cost lives. There's no question that there are thousands of veteran suicides that could have been prevented had they had the access to a service dog.

Mr. DESANTIS. And Cole Lyle, I know you have been involved in advocacy on this issue. You have gone through the halls of Congress and spoken with people. What has been the reception from Members of Congress and on both sides of the aisle so far?

Mr. LYLE. Mr. Chairman, the response has been overwhelmingly supportive. We have bipartisan support on H.R. 4764. This is not a partisan issue. Everybody knows that we need to take care of our veterans. Of course, we have different ideas about how to go about that, but I personally walking the halls of Congress and speaking with Democrats, Republicans, conservatives, liberals, everybody agrees that this is a good idea and that we should do it.

Mr. DESANTIS. Well, you have done a very good job. You know, as this bill progresses and we have success, some of these guys on

K Street may be coming after you, like I say, your success and work in Congress.

And, Mr. Diamond, I think K9s for Warriors has done a great job. It is a part of the district that I am privileged to represent. And I know you guys have expanded and you are there to help, but, I mean, you can only do so much. I mean, I wish you guys could just have unlimited numbers. You know, so you guys are part of it, but I think we need to have a broader awareness here.

But I appreciate all the witnesses for their testimony, and I thank you guys for coming.

And I now recognize the ranking member Mr. Lynch.

Mr. LYNCH. Thank you, Mr. Chairman.

Just for the record, we had some hearings over in the Senate on veterans and opiod addiction. And this is a 2015 hearing. And in response to questions around opiod disorder by Senator Joe Donnelly of Indiana, VA indicated that about 68,000 veterans in 2015 had opiod use disorders. I think it represents about 13 percent of the total population of veterans currently taking opioids according to the VA. If 68,000 have opiod use disorders and that is 13 percent of the veterans on opioids, that is a huge, huge problem.

A couple of the witnesses have mentioned the cost. And we just had an opportunity to go to Iraq last week, Anbar Province, and they had a couple of dogs they had trained, but those are trained for bomb detection. But I asked. I asked the DOD. I said what does it cost for us to train a dog in that context? And they said \$55,000 each. But that is DOD. You know, I am not surprised that the private sector is doing it for a heck of a lot less. And that is probably apples and oranges. They get trained for something particularly different.

But, Mr. Lyle, first of all, thank you for your courageous service to our country and you are helping veterans still. That \$10,000 that you mentioned, is that what it cost you to —

Mr. LYLE. Yes, sir. That's what it cost me to acquire Kaya, to pay for her training and all initial veterinary care for her.

I would note that \$10,000 —

Mr. LYNCH. Is that acquisition as well when you —

Mr. LYLE. Yes. Yes.

Mr. LYNCH. Yes? Okay.

Mr. LYLE. I would note that \$10,000 is, quite frankly, cheap —

Mr. LYNCH. Yes. Yes.

Mr. LYLE.—for —

Mr. LYNCH. Well, the life of the dog and the benefit that it conveys, you are right, absolutely.

Mr. LYLE. Well, the \$10,000, I would pay it 10 more times if I had to do it over again.

Mr. LYNCH. Don't let the DOD hear you say that.

Mr. LYLE. Yes, I mean—but it has paid dividends in how I'm able to overcome specific symptoms associated with military experience, and I would recommend it highly to anybody who feels as though opiates and traditional therapies just aren't working for them.

Mr. LYNCH. Okay. Thank you.

Mr. DIAMOND AND Mr. Feldman, Mr. Diamond first, 17,000 square feet—I am not sure—you mentioned your facility down in Florida. And obviously, there are efficiencies of scale because you

are training so many dogs. How many dogs do you probably train at a time?

Mr. DIAMOND. Right now we have at capacity for about 30 dogs on our campus.

Mr. LYNCH. Wow.

Mr. DIAMOND. In a couple of months we'll have capacity for about 60.

Mr. LYNCH. Okay. And what do you see in terms of the costs of you, you know, more professionally, you know, doing it 30 times at a whack? What do you see your costs on average?

Mr. DIAMOND. Well, we're finally seeing economies of scale. Two years ago we were about in the 40s. This past year we were at about \$32,000; this year, \$27,000; and then we expect next year for the entire 3-week program plus all the, you know, lifetime wrap-around services to be about \$22-\$23,000. So we've finally hit economies of scale.

And I would echo Mr. Lyle's comments. We think that it's a savings to the government with the reduction in use of prescription drugs, reduction in use of VA services generally speaking, and just merely the higher quality of life, the better human being you get at the end of it —

Mr. LYNCH. Yes.

Mr. DIAMOND.—is a huge cost-savings for the country.

Mr. LYNCH. Yes. And what is the lifespan, the average lifespan of one of the dogs?

Mr. DIAMOND. It's between 8 and 12 years —

Mr. LYNCH. So 10 years —

Mr. DIAMOND.—so depending on —

Mr. LYNCH.—you know, yes. Mr. Lyle, you had something else?

Mr. LYLE. Congressman Lynch, I would note that 8 to 10 years—Kaya started helping me within weeks.

Mr. LYNCH. Yes.

Mr. LYLE. It does not take 8 to, you know, 12 years for these dogs to really assist veterans.

Mr. LYNCH. Oh, no, no, no, no, no. I mean, they are training her throughout that 10 years or so, so that is the service that is being rendered. You divide the cost of training and acquisition over the 10 years. You amortize it, I guess.

Mr. Feldman, do you have anything else you would like to add?

Mr. FELDMAN. Well, you mentioned cost. I can tell you that the pilot study, looking at 137 veterans, which we announced the funding for last year and which will be completed next month and probably published later this year, that whole study cost just upwards of \$50,000, and we're getting results, you know, within a 2-year period. And so, yes, we need to do more research, but it doesn't have to take that long or cost that much.

Mr. LYNCH. Yes. You know, you see the number of veterans that we are treating with opioids, and there is just no happy ending there with the addiction rate we have, so we have got to try something different.

My time is expired. Thank you for your indulgence, Mr. Chairman.

Mr. DESANTIS. I thank the gentleman.



And the chair now recognizes the vice chairman of the committee, Mr. Russell, for 5 minutes.

Mr. RUSSELL. Thank you, Mr. Chairman, and thank you each for being here today.

Dr. Fallon, I noticed that you served in the military. Thank you for your service.

Mr. FALLON. Sure.

Mr. RUSSELL. When you did serve, you served in a veterinary capacity, as I understand it, is that correct?

Mr. FALLON. Yes, sir, I was a veterinary technician.

Mr. RUSSELL. In that time in your service did you develop a bond with the animals under your care?

Mr. FALLON. Oh, absolutely, sir, yes.

Mr. RUSSELL. And would you say that now as a doctor of veterinary medicine do you develop a nurturing bond with the animals in your care?

Mr. FALLON. Absolutely, sir.

Mr. RUSSELL. Okay. Do you see dangers associated with pairing service dogs with veterans?

Mr. FALLON. Well, as the chairman mentioned, I have seen problems with dogs, particularly dogs that are not properly trained. For instance, we had those two children that were bitten, which was a tragedy, certainly didn't help those veterans. Also, there are some things to take into consideration. If a dog becomes sick, ends up with a chronic illness, there can be huge veterinary bills associated. The veteran can actually become quite depressed. We've seen this anecdotally —

Mr. RUSSELL. And how would you compare that, say, with veterans suffering from opiod abuse, harming their families, their own children —

Mr. FALLON. I —

Mr. RUSSELL.—maybe harming others around them and getting in a depressed state? Which would you say is more of a danger?

Mr. FALLON. I couldn't comment on that, sir. Again, I'm a veterinarian. I mean, clearly, all those things are terrible things, though.

Mr. RUSSELL. Do you personally believe veterans would be harmed by their care and association with service dogs?

Mr. FALLON. I do not know the answer to that question. I'm a—I'm —

Mr. RUSSELL. But you have a lot of experience here, Dr. Fallon. I mean, you served in the military —

Mr. FALLON. I do, sir —

Mr. RUSSELL.—dealing with animals, you are a doctor of veterinary medicine. You have handled a lot of animals in your life. You have done extensive research and study. I just want to know, since you came as an expert testifying before Congress, I am just curious of your personal opinion.

Mr. FALLON. I'm reluctant to give my —

Mr. RUSSELL. Do you personally believe —

Mr. FALLON.—personal opinion.

Mr. RUSSELL.—veterans would be harmed by their care and association with service dogs?

Mr. FALLON. I'm reluctant to give my personal opinion, sir, because it could affect the study, it could bias the study, so I would prefer not to do that.

Mr. RUSSELL. Well, I think that that is telling. And I appreciate you for being loyal to Veterans Administration, but I think we have a greater responsibility as a nation to be loyal to our combat veterans and those that have suffered a great deal. I have handled the flesh and blood of battle on many battlefields to include Iraq and Afghanistan. As a combat infantryman, I have dealt with a lot of the issues that we are discussing here today.

As a veterans advocate before entering a career in politics, I guess if you call it a career, I have even assisted and helped place service dogs with veterans and seen dramatic results. You know, whether that is a placebo effect or whether it is reality, I can tell you that the results have been remarkable.

But here is what I also know. Opioid abuse is a tragic indictment on the Veterans Administration. I would also tell you that many veteran suicides, I think, are misdiagnosed. It is not unlikely for a soldier maybe to drink a beer, but now he is prescribed on OxyContin or Percocet, he diminishes himself to a very low state, he doesn't breathe anymore, and then the family finds him in the morning, is like, well, gee, Russell didn't have any indication that he had any problems. In fact, he was talking about going fishing this weekend and now he is dead. And they chalk him up as a suicide.

Here, we have an opportunity to go a great deal of good with very low risk, and if the price of that is two dog bites, I think we can do that.

And I also think that the expense of a dog is far cheaper than years and years and years of opioid addiction. We are legalizing heroin in this country, and we are using our veterans as the number one scientific lab of opioid abuse. It really angers me.

And I have been prescribed Percocet and OxyContin, floated around for several days, and I will tell you this, I quit cold turkey, too, on it because I would rather have a clear head and pain than deal with a drug addiction and depression.

I think we are not being intellectually honest here today. And whether Dr. Crowe would like to give his, you know, professional opinion if you can't speak to the medical side, or yourself, give me one good reason why we should not implement this absent the already-given opinion of further study?

Mr. FALLON. Dr. Crowe, would you like to —

Mr. CROWE. Yes, I'd be happy to.

Mr. DESANTIS. If you would stand and just raise your right hand. Can you stand?

[Witness sworn.]

Mr. DESANTIS. Okay. The witness answered in the affirmative.

Mr. CROWE. Thanks. Thank you, Mr. Chairman, the ranking member, and the committee.

Mr. RUSSELL. If you could use your microphone, sir, and thank you for being here today.

Mr. CROWE. I push this? Okay.

Thank you very much for the question.

First of all, I think we are mistakenly confusing a couple of issues. Opioids are not used to treat PTSD. A lot of folks with PTSD also have chronic pain conditions, and they may have started opioids to treat the pain, but opioids are not used by VA to treat PTSD.

We also monitor prescribing practices and send in experts to facilities where we think there's some mis-practice going on in an attempt to correct it.

We also—as you may know, we have the opioid rescue kits that now are being put in the hands of every veteran who's been prescribed opioids.

This is also a very personal issue for me. My sister died of an unintended opioid overdose, so I take this very seriously. But it's not part of our PTSD discussion.

Mr. RUSSELL. Well, and I appreciate that, and thank you, sir, for your insight. With your indulgence —

Mr. DESANTIS. Before you do your next question, can you just state your full name for the record so we have it?

Mr. CROWE. Dr. Chris Crowe.

Mr. DESANTIS. Okay. Thank you. And your title?

Mr. CROWE. Senior mental health consultant and liaison to the Defense Centers of Excellence for Psychological Health and TBI.

Mr. RUSSELL. And thank you. And I appreciate your patience with being put on the spot, but I understand you did come here as well today.

Look, this is a real issue, and I don't believe anybody sitting out here or up here doesn't have concern and care to do the right things. But would you also in your professional opinion acknowledge that those that deal more than likely with PTSD issues are also liable to be suffering from some sort of pain due to their service? So these two are associated together. Would you agree with that?

Mr. CROWE. Not necessarily. You know, I think they co-occur in many people. Folks who've been deployed, you know, have many opportunities for injury and come back with lots of musculoskeletal pain. Those also tend to be folks who've been exposed to trauma and may develop posttraumatic stress disorder. But opioids are never used to treat PTSD.

Mr. RUSSELL. Well, and I will take you at your word for that, but I will also, you know, absolutely put it to you that people suffering from PTSD are often drugged in a great deal of medications, you know, with a basket-load of issues and problems, and being good soldiers or sailors or airmen or marines, they take their medications. They follow the doctor's orders.

Well, Mr. Chairman, I have exceeded my time, but I would like to say these programs, there is far more evidence that they work than they don't, and there is an awful lot of evidence that we are not doing a very good job with our treatment of PTSD and that we have a lot of veteran suicides, I believe personally, just from observation—I only come as a combat veteran; I am not a doctor. You know, I have just fought for a living. And so what I would tell you is we are not meeting those types of issues, and we are trying to drug our veterans, send them off to some clinic rather than get them engaged in something productive.

And with your indulgence, thank you, Mr. Chairman. I yield back my time.

Mr. DESANTIS. The gentleman's time is expired.

The chair now recognizes the gentleman from Georgia, Mr. Hice, for 5 minutes. And we are going to have Dr. Fallon come back and resume his spot on the witness stand.

Mr. HICE. Thank you very much, Mr. Chairman.

Dr. Fallon, do you have any idea how the VA is recruiting qualified veterans for this study?

Mr. FALLON. The veteran participants, sir, the folks that are actually —

Mr. HICE. Correct.

Mr. FALLON. Yes, sir. They're recruited through each of the three medical centers through fliers and presentations to mental health clinicians.

Mr. HICE. Okay. Is there currently a waiting list of qualified veterans who would like to participate?

Mr. FALLON. There is a waiting list at one of our sites, the Portland, Oregon, site, because we've had particular problems in recruiting qualified dog trainers for that site. However, we now have one trainer that has—that is on—is working now.

Mr. HICE. How large is the waiting list?

Mr. FALLON. I cannot say for sure. I would say it's probably in the range of maybe 20 people perhaps.

Mr. HICE. And this is at one facility or —

Mr. FALLON. One facility, yes, sir.

Mr. HICE. Okay. So are you saying that the personnel at VA medical centers are aware of this study and are actively engaged in informing veterans of the potential of having a service dog?

Mr. FALLON. Yes, I would definitely say that. It's a very popular topic of interest with our veterans.

Mr. HICE. Does the VA currently have any way to gauge the demand for the service dogs?

Mr. FALLON. We do not, sir. We do not have a method of gauging demand for service dogs.

Mr. HICE. Is that under consideration?

Mr. FALLON. That would be outside of my purview, sir. I couldn't say.

Mr. HICE. Mr. Diamond, let me come to you. How are qualified veterans referred to your organization?

Mr. DIAMOND. We've never advertised for a veteran to come to our organization. They find us through word-of-mouth through the very tight veteran community. But when the veteran applies to us, we have a 22-page application. We do interviews, criminal background checks. We do a thorough vetting process. So by the time the veteran comes to our campus, perhaps a year after they applied, we know a bevy about them and are ready to bring them into our program.

Mr. HICE. So you don't do any advertising per se. It is all word-of-mouth?

Mr. DIAMOND. Absolutely. If we advertised, we would get inundated. We are pushing a 2-year waitlist now. There's —

Mr. HICE. All right. That is my point. That is where I was going. So the VA doesn't seem to have a whole lot of information here. Of

course, this has not been their program. But you are actively involved in providing service dogs to veterans, and you have a 2-year waiting list. I mean, do you have any way of gauging what the need is?

Mr. DIAMOND. I wish we had the good measure, and I—and since I'm under oath, I'm not going to venture a guess. But I do know this for sure, that the number of veterans that are referred to us from the VA because a VA treating physician says I don't have anything else that can help you is increasing every single day.

Mr. HICE. Sure. Absolutely.

Mr. Lyle, let me ask you—and first of all, thank you for your service and for your testimony. Both are powerful, and we deeply and in a heartfelt way say thank you for what you have done for our country.

How did you find out that service dogs were an option for PTS?

Mr. LYLE. So I actually had a personal friend of mine who had a service dog that he also had to acquire on his own and train. I'm not quite sure which organization he received his dog—well, where he got his dog trained. But I knew that that was something that was an option that veterans could utilize. And then when I went out to organizations, specifically, I went to organizations in Texas because that's where I'm currently living. I got pretty much the same result, that wait times were at least a year. I didn't feel as though I had that time to wait.

Mr. HICE. Okay. So your introduction came through a personal friend?

Mr. LYLE. That's correct, sir.

Mr. HICE. Okay. Mr. Diamond, let me come back to you, and my time is almost up. Twofold question, do you find that veterans struggle with affording service dogs as a general rule? And how does your organization enable them to pair up?

Mr. DIAMOND. Well, two pieces to that, the first is that some of our veterans have reported back to us that they would rather make personal sacrifices than to not have—to forego having a service dog. But they do struggle. They're on fixed incomes, and therefore, they do have difficulty paying for it. Most of the veterans that we get could not independently pay to get a service dog out on their own.

So we've made a lot of partnerships with our corporate supporters. For example, Bayer Health is—put together a network of veterinarians to give free health care for the dogs. We're trying to work with pet stores to get free dog food for the veterans. We do everything we can on the back end to make it free or almost free for the veteran.

But the overwhelming message from them is they would forgo their own personal comfort to make sure that they have a service dog.

Mr. HICE. Very good. Thank you, Mr. Chairman.

Mr. DESANTIS. I thank the gentleman.

Mr. Lyle, what was your experience with the drugs? How did you get prescribed by the VA?

Mr. LYLE. Well, again, Mr. Chairman, when I took the post-deployment health assessment, which was the preliminary—what they give you—I'm not sure the timeline but there is a timeline

that they're—the VA is required to give that once you return state-side. I then went to a VA facility in Fort Worth and tried to use their system. I eventually met with a psychologist at the VA hospital in Fort Worth and was prescribed the sleep aids and the antidepressants.

Mr. DESANTIS. Why did they do that? Was it because of your symptoms?

Mr. LYLE. Correct. So I—when I returned, I was suffering from recurring nightmares and I would have acute anxiety attacks. I also just had difficulty with close interpersonal relationships. As I had mentioned previously, one of the side effects that goes largely unnoticed as a result of posttraumatic stress, there's a high divorce rate amongst military members, but that also had affected me. I—it wasn't the direct cause of the divorce, but it definitely did not help in any way, shape, or form. So it was affecting my personal relationships.

The nightmares specifically, Kaya is trained to recognize when I'm having a nightmare, and she will jump up in bed and lick my face to wake me up, so that's one of the ways that she has assisted me in my symptoms.

And I would further note that a dog can give you a sense of purpose that a pill will just not ever do in the sense that there were many days I didn't want to get out of bed. I didn't have really anything to do like—as I said, I didn't have a job at the time, wasn't currently enrolled in school, and I didn't have any reason to. But a service dog needs to be taken outside, they need to be fed, they give you a reason to get up and to be productive on a day-to-day basis and give you that small sense of purpose again that you can grow on. And again, I reiterate that that's something that pills just did not do for me.

Mr. DESANTIS. Because we had testimony before that this is not something the VA is doing, providing drugs, I mean, I guess do you disagree with what was said in your case?

Mr. LYLE. Could you repeat the question, Mr. Chairman?

Mr. DESANTIS. The previous witness to Mr. Fallon when we did the musical chairs said that that is not something—drugs for PTS are not something the VA does, but in your instance is that what they did or —

Mr. LYLE. Well, my issues as a result of posttraumatic stress, as I said, we recurring nightmares, and I got a sleep aid as a result of those nightmares so I would disagree with that.

Mr. DESANTIS. Okay. And, Mr. Diamond, what—I mean, the bill that we have, if you are down to \$22,000, that is even more than what we are doing, so that is good. So you are confident that you will be able to continue to reduce the costs of each dog?

Mr. DIAMOND. Yes. I would hate for our donors to hear that, but yes, we have hit economies of scale sufficiently that our efficiencies are in the low \$20s for next year.

Mr. DESANTIS. Okay. Good. Mr. Feldman, I mean, I guess, what is your recommendation for making the case—you are familiar with the research that is going on. What more in Congress do we need to be finding and presenting or do you think that there is enough facts already in existence to justify moving forward?

Mr. FELDMAN. Well, we're continuing to do research and we'll come back and share the published research that we gave you a preview of today. A pilot program, as you've written into this bill, is a really good way to go because you've built in some evaluation, you've built in a report on that program as part of the legislation. So it's a chance to continue studying but also to help a lot of folks, so that's why we support it.

Mr. DESANTIS. Great. Well, look, at the end of the day there has been a lot of anecdotal evidence. There is some evidence coming out in some of the literature. But here is the thing. I could understand why that would be a cautionary tale if there was somehow a negative side effect to this, but there is not. So the worst-case scenario that we are talking about is we have made some veterans happy with service dogs as companions. That is like the worst-case scenario. And obviously, if there is a positive effect, you are actually giving veterans a sense of purpose, and I believe saving lives.

And I will just tell you, since we have been involved in this issue, I have had multiple veterans come up to me and tell me that they would have probably committed suicide but for being paired with a service dog. And so it is not often people look you in the eye and tell you that they probably would have done that, and so it really, really registers when you hear that.

Mr. Lyle?

Mr. LYLE. And, Mr. Chairman, I would also note that just being a veteran, any veteran will probably tell you that they have—any veteran of Iraq or Afghanistan will probably tell you that they either have a friend or a friend of a friend that has committed suicide and has been affected by this suicide epidemic.

This study that was done by the VA I will also note back in 2013 that indicated the 22-veteran-a-day average committing suicide, that study was based on 21 States. So the number tragically is higher than 22 veterans a day. That was just a side note.

But I will also say since I've been doing this and, you know, I have been talking to Members of Congress, friends of mine specifically in Texas, because the cost barriers are so high to getting your own service dog—and many veterans join the military to get that family, that sense of community. When they get out, they don't have it anymore. They don't have the—you know, the family support that I had to financially support their endeavor. And then they get told that there are wait times over a year and they don't feel like they have that time so they go out and they just get a dog.

And I will note, as I believe it was Mr. Russell who had—Congressman Russell, who had said earlier that just being around a dog—Dr. Fallon, as a veterinarian, has said that he's made personal connections with the animals that he's been around, I would argue that if you don't think or believe that a dog can be therapeutic and a service dog specifically can treat certain symptoms specific to their posttraumatic stress, then you probably have never owned or been around a dog.

Mr. DESANTIS. I appreciate that.

Did you want to go real quick?

Mr. LYNCH. Sure.

Mr. DESANTIS. I was going to recognize Mr. Hurd, but if you are going to go, I will just recognize you.

Mr. LYNCH. Sure.

Mr. DESANTIS. All right. I am going to recognize the gentleman from Massachusetts.

Mr. LYNCH. Okay. Thank you, Mr. Chairman.

The way this is structured under the chairman's bill, the key relationship will be the VA and the contractor, if it is Mr. Diamond and K9s for Warriors or any other group. The 2016 VA report said that there was a problem with the VA not getting out to the contractor location where the training was going on or to the home of the veteran with the dog, and that broke down. Are we able to cure that defect in further studies, in the existing study —

Mr. FALLON. Yes —

Mr. LYNCH.—in —

Mr. FALLON.—Ranking Member —

Mr. LYNCH.—the pilot program?

Mr. FALLON. Yes, absolutely. The problem was that we were relying on the service dog organization's trainers to interact with our veterans, and that resulted in us not getting timely information about problems that had developed with the dog pairs, which is why we now have hired our own dog trainers.

Mr. LYNCH. Okay. Thank you.

Mr. DESANTIS. The chair now recognizes the gentleman from Texas, Mr. Hurd, for 5 minutes.

And the votes have started, but we have got 13 minutes, and so Mr. Hurd, and then if there are other questions, we may have time for other members, too.

You are recognized.

Mr. HURD. Thank you, Chairman.

And I would like to thank the distinguished gentleman from Florida for having this panel, and I would like to thank Mr. Lyle for being here. He is from my alma mater, Texas A&M University.

Mr. LYLE. Gig 'em.

Mr. HURD. Gig 'em Aggies—which has a long history of working with animals to improve the lives of humans, everything from Texas Task Force 1, which is one of the most active urban search-and-rescue teams. You have a student organization called Aggie Guide Dogs and Service Dogs, which promotes the use of service dogs. And we are also part of the TexVet Network, which includes the Operation K9.

And, Mr. Lyle, first, I want to thank you for your service and dedication to the safety of Americans. As a former officer in the CIA, I had the honor of serving alongside members of the military. I am familiar with the sacrifices that you and your family make. And I know this is a life-changing experience and has inspired you to give back to your community, and I appreciate you for doing this.

My first questions, though, are actually to Mr. Fallon. Has the VA reached out to any other organizations conducting similar studies?

Mr. FALLON. After the difficulties we had with the pilot study, we did site visits of —

Mr. HURD. The pilot study from 2006?

Mr. FALLON. The pilot study you started in 2011, sir —

Mr. HURD. Okay.



Mr. FALLON.—and was suspended finally in 2012. We realized we had to change our study protocol. We actually visited major organizations like Canine Companions for Independence in California

Mr. HURD. So my question is actually—let's start before that. Why did the VA decide to reinvent the wheel rather than relying on some, you know, other organizations that have a history in doing this kind of thing?

Mr. FALLON. Well, for the pilot, sir, we relied up on the organizations themselves, all of which professed to be very experienced and to be able to produce high-quality dogs. And unfortunately, that did not turn out to be true.

Mr. HURD. I don't even know where to go. There are so many questions. Why not reach out to DOD and leverage some of the experience that they have? They have some world-class trainers and they have world-class activities using dogs for all kinds of services.

Mr. FALLON. Admittedly, we were not familiar enough with the service dog community when we embarked on the pilot study. There's no question that we've made mistakes.

Mr. HURD. Say that again. Say that first part.

Mr. FALLON. We were not adequately familiar with the service dog community and the pitfalls in that community when we embarked on our pilot study. There's no question about that.

Mr. HURD. So how much money did the VA spend in phase 1 to develop veterinary standards, which I have been told are not longer in use?

Mr. FALLON. I am not sure the exact figure. It would be somewhere above \$1 million, though, in the pilot study.

Mr. HURD. Above \$1 million or above \$10 million?

Mr. FALLON. No, \$1 million, sir. The \$12 million figure is for the entire phase 1 and phase 2 together.

Mr. HURD. And could that money have been saved if the VA had initially adopted DOD's veterinary standards?

Mr. FALLON. No, sir, it wasn't just the veterinary standards. It was—there were training standards involved and also follow-up by the organization's dog trainers. All those things ended up to be a major problem.

Mr. HURD. Now, you are in the chief veterinary medical offices, correct?

Mr. FALLON. Yes, sir.

Mr. HURD. What proposals have you suggested up the chain on how to make sure we incorporate this into the VA?

Mr. FALLON. Into the study, sir, or into VA in a wider —

Mr. HURD. Into the VA so that more veterans could get access to this type of care?

Mr. FALLON. Well, we were directed by Congress to do this study, sir, and that has been my focus is to do this research study. There are other portions of the VA that have —

Mr. HURD. What is the best next action?

Mr. FALLON. To complete this study successfully.

Mr. HURD. And what is the best next action there? What is the next step that you need to take in order to make sure this gets completed?

Mr. FALLON. Well, we are doing them now, sir. I mean, we have retooled and learned from our mistakes —

Mr. HURD. When is it going to be done?

Mr. FALLON. Pardon me?

Mr. HURD. When is it going to be done?

Mr. FALLON. We expect the data collection to be complete by late 2018, and then the paper would be published thereafter.

Mr. HURD. Mr. Lyle, I have a little bit less than a minute, but you can go over a little bit if you so need. Hopefully, the chairman indulges my prerogative, anything that has not been discussed during this hearing today that you think is important to get out there?

Mr. LYLE. Well, thank you, Congressman Hurd.

I think it's important to understand and to reiterate what I said, that a service dog not only will combat specific symptoms like Kaya does for me in waking me up from nightmares, et cetera, et cetera, but there is an effect that they give to you of providing a sense of purpose. And when veterans get out, they lose their military community, they lose their chain of command, they get their mission, their purpose ripped away from them very, very quickly.

And there's—nonprofits have done admirable work in trying to assist veterans transitioning, but they're still struggling. And I think the main reason is that they lose their sense of purpose and they lose their mission. They don't have anything driving them anymore. And I think a service dog also provides that.

I will just further note very quickly that I've spent the last year doing this, trying to raise awareness about the issue, talk to Members of Congress, have been received very well, and it's taken me a year to do this, funding all of this myself. We don't have until late 2018 to have this study completed and then understand the results and then try to have a program initiated at that point. Twenty-two veterans a day are committing suicide.

Anybody that is okay with that number—I wouldn't say that anybody at the VA is okay with that number, but we have something that we know works. We have evidence that works now. And with 22 veterans a day committing suicide, I return to what I said in my opening statement. That is unconscionable that we don't explore alternative methods of treatment.

Mr. HURD. Mr. Lyle, thank you.

Mr. Damon —

Mr. DIAMOND. Thank you.

Mr. HURD. Mr. Diamond, excuse me, thank you for your service.

Mr. Chairman, I yield back the time I do not have.

Mr. DESANTIS. The gentleman's time is expired.

I would like to thank all of our witnesses for taking the time to appear before us today.

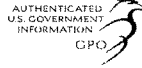
If there is no further business, without objection, the subcommittee stands adjourned.

[Whereupon, at 3:20 p.m., the subcommittee was adjourned.]

## **APPENDIX**

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MATERIAL SUBMITTED FOR THE HEARING RECORD



114TH CONGRESS  
2D SESSION

# H. R. 4764

To direct the Secretary of Veterans Affairs to carry out a pilot program to provide service dogs to certain veterans with severe post-traumatic stress disorder.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 2016

Mr. DESANTIS (for himself, Mr. ROONEY of Florida, Mr. ROTHFUS, Ms. STEFANIK, Mr. NUGENT, Mr. WEBER of Texas, Mrs. ELLMERS of North Carolina, Mr. MEADOWS, Mr. BYRNE, Mr. BISHOP of Michigan, Mr. FLORES, Ms. MCSALLY, Mr. JOLLY, Mr. JOHNSON of Georgia, Mr. SALMON, Ms. GABBARD, and Ms. SINEMA) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## A BILL

To direct the Secretary of Veterans Affairs to carry out a pilot program to provide service dogs to certain veterans with severe post-traumatic stress disorder.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Puppies Assisting  
5 Wounded Servicemembers (PAWS) Act of 2016”.

### 6 SEC. 2. FINDINGS.

7 Congress makes the following findings:

1           (1) An estimated 14 percent of members of the  
2       Armed Forces returning from active duty service in  
3       support of Operation Iraqi Freedom or Operation  
4       Enduring Freedom suffer from post-traumatic stress  
5       disorder.

6           (2) The resulting hyperstimulation of the fight-  
7       flight-freeze response associated with post-traumatic  
8       stress disorder poses a threat to the successful soci-  
9       etal reintegration of such members of the Armed  
10      Forces.

11          (3) Animals such as dogs can buffer this stress  
12      response when humans fail to provide social support.

13          (4) Interaction with dogs has been shown to  
14      modulate symptoms of post-traumatic stress dis-  
15      order, such as anxiety, including fear response and  
16      hyperarousal, interpersonal difficulties, social isola-  
17      tion, physical pain, and sleep disturbances.

18   **SEC. 3. PILOT PROGRAM ON DEPARTMENT OF VETERANS**  
19                   **AFFAIRS PROVISION OF SERVICE DOGS TO**  
20                   **CERTAIN VETERANS WITH SEVERE POST-**  
21                   **TRAUMATIC STRESS DISORDER.**

22      (a) IN GENERAL.—The Secretary of Veterans Af-  
23      fairs, acting through the Office of Patient Centered Care  
24      and Cultural Transformation, shall carry out a pilot pro-  
25      gram under which the Secretary shall provide to eligible

1 veterans with service dogs. The provision of a service dog  
2 under the pilot program shall be done in addition to other  
3 types of treatment provided for post-traumatic stress dis-  
4 order and shall not replace established treatment modali-  
5 ties. The Secretary of Veterans Affairs shall furnish vet-  
6 erinary health insurance for each dog provided under the  
7 pilot program.

8 (b) ELIGIBILITY.—

9 (1) INITIAL ELIGIBILITY.—To be eligible for a  
10 service dog under the pilot program a veteran  
11 shall—

12 (A) be diagnosed with post-traumatic  
13 stress disorder rated at a severity level of three  
14 or four on the Clinician-Administered PTSD  
15 Scale for DSM-5 (CAPS-5);

16 (B) have been treated and have completed  
17 an established evidence-based treatment and re-  
18 main significantly symptomatic, as evidenced by  
19 the Global Assessment of Functioning or a  
20 similar clinical metric;

21 (C) have served on active duty in the  
22 Armed Forces on or after September 11, 2001;  
23 and

24 (D) have not experienced satisfactory im-  
25 provement in post-traumatic stress disorder

1 symptoms after being treated with established  
2 evidence-based therapies.

3 (2) ONGOING ELIGIBILITY.—To remain eligible  
4 to receive canine health insurance furnished by the  
5 Department of Veterans Affairs, a veteran shall see  
6 a physician who is a primary care provider or mental  
7 health care provider at a Department of Veterans  
8 Affairs medical facility at least quarterly.

9 (c) CONTRACT AUTHORITY.—

10 (1) IN GENERAL.—In carrying out the pilot  
11 program under this section, the Secretary shall enter  
12 into such contracts as may be necessary for the pro-  
13 curement and training of service dogs with appro-  
14 priate providers that are certified by Assistance  
15 Dogs International or a similar organization that—

16 (A) on average, provides one-on-one train-  
17 ing for each service canine for a minimum of 30  
18 hours over at least 90 days including a wellness  
19 verification from a licensed veterinarian;

20 (B) provides an in-house residential facility  
21 in which service dog recipients stay for a min-  
22 imum of ten days while receiving at least 30  
23 hours of training with their new service canine;

24 (C) ensures all service canines pass the  
25 American Kennel Club Canine Good Citizen

1 test prior to permanent placement with a recipi-  
2 ent; and

3 (D) provides follow-up support service for  
4 the life of the service canine.

5 (2) LIMITATION.—The Secretary may not obli-  
6 gate or expend more than \$27,000 for the procure-  
7 ment and training of any dog under a contract en-  
8 tered into under this subsection.

9 (d) GAO STUDY.—Not later than 180 days after the  
10 termination of the pilot program under this section, the  
11 Comptroller General of the United States shall submit to  
12 Congress a report on the pilot program. Such report shall  
13 include—

14 (1) an evaluation of the effectiveness of the  
15 pilot program with respect to—

16 (A) helping veterans with severe post-trau-  
17 matic stress disorder live normally;

18 (B) relevant metrics, including reduction in  
19 metrics such as reduction in scores under the  
20 post-traumatic stress disorder checklist (PCL),  
21 improvement in psychosocial function, and  
22 therapeutic compliance;

23 (C) lessening the symptoms of post-trau-  
24 matic stress disorder; and



1 (D) reducing the dependence of partici-  
2 pants on prescription narcotics and psycho-  
3 tropic medication; and

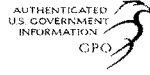
4 (2) the recommendations of the Comptroller  
5 General with respect to the continuation or expan-  
6 sion of the program.

7 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
8 authorized to be appropriated for each of fiscal years 2017  
9 through 2022 \$10,000,000 to carry out the pilot program  
10 under this section.

11 (f) OFFSET.—The amounts otherwise authorized to  
12 be appropriated for Department of Veterans Affairs Office  
13 of Human Resources and Administration for each of fiscal  
14 years 2017 through 2022 shall be reduced by  
15 \$10,000,000.

16 (g) TERMINATION.—The authority to carry out a  
17 pilot program under this section shall terminate on the  
18 date that is five years after the date of the enactment of  
19 this Act.

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114TH CONGRESS  
1ST SESSION

# H. R. 2493

To establish a grant program to encourage the use of assistance dogs by certain members of the Armed Forces and veterans.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2015

Mr. MCGOVERN (for himself, Mr. SCHIFF, Mr. POCAN, Ms. CLARKE of New York, Ms. CLARK of Massachusetts, Mr. GRIJALVA, Mr. NEAL, Mr. LIPINSKI, Ms. TSONGAS, Mr. DEFazio, Mr. HASTINGS, Mr. DELANEY, Ms. TITUS, Mr. CLEAVER, Ms. MOORE, Mr. QUIGLEY, and Mr. HONDA) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To establish a grant program to encourage the use of assistance dogs by certain members of the Armed Forces and veterans.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Wounded Warrior  
5 Service Dog Act of 2015".

1 **SEC. 2. WOUNDED WARRIOR K-9 CORPS.**

2 (a) GRANTS AUTHORIZED.—Subject to the avail-  
3 ability of appropriations provided for such purpose, the  
4 Secretary of Defense and the Secretary of Veterans Af-  
5 fairs shall jointly establish a program, to be known as the  
6 “K-9 Companion Corps Program”, to award competitive  
7 grants to nonprofit organizations to assist such organiza-  
8 tions in the planning, designing, establishing, or operating  
9 (or any combination thereof) of programs to provide as-  
10 sistance dogs to covered members and veterans.

11 (b) USE OF FUNDS.—

12 (1) IN GENERAL.—The recipient of a grant  
13 under this section shall use the grant to carry out  
14 programs that provide assistance dogs to covered  
15 members and veterans who have a disability de-  
16 scribed in paragraph (2).

17 (2) DISABILITY.—A disability described in this  
18 paragraph is any of the following:

19 (A) Blindness or visual impairment.

20 (B) Loss of use of a limb, paralysis, or  
21 other significant mobility issues.

22 (C) Loss of hearing.

23 (D) Traumatic brain injury.

24 (E) Post-traumatic stress disorder.

1 (F) Any other disability that the Secretary  
2 of Defense and the Secretary of Veterans Af-  
3 fairs consider appropriate.

4 (3) TIMING OF AWARD.—The Secretaries may  
5 not award a grant under this section to reimburse  
6 a recipient for costs previously incurred by the re-  
7 cipient in carrying out a program to provide assist-  
8 ance dogs to covered members and veterans unless  
9 the recipient elects for the award to be such a reim-  
10 bursement.

11 (c) ELIGIBILITY.—To be eligible to receive a grant  
12 under this section, a nonprofit organization shall submit  
13 an application to the Secretary of Defense and the Sec-  
14 retary of Veterans Affairs at such time, in such manner,  
15 and containing such information as the Secretary of De-  
16 fense and the Secretary of Veterans Affairs may require.  
17 Such application shall include—

18 (1) a proposal for the evaluation required by  
19 subsection (d); and

20 (2) a description of—

21 (A) the training that will be provided by  
22 the organization to covered members and vet-  
23 erans;

24 (B) the training of dogs that will serve as  
25 assistance dogs;

1           (C) the aftercare services that the organi-  
2           zation will provide for such dogs and covered  
3           members and veterans;

4           (D) the plan for publicizing the availability  
5           of such dogs through a targeted marketing  
6           campaign to covered members and veterans;

7           (E) the recognized expertise of the organi-  
8           zation in breeding and training such dogs;

9           (F) the commitment of the organization to  
10          comparable standards as that of the Inter-  
11          national Guide Dog Federation or Assistance  
12          Dogs International;

13          (G) the commitment of the organization to  
14          humane standards for animals; and

15          (H) the experience of the organization with  
16          working with military medical treatment facili-  
17          ties or medical facilities of the Department of  
18          Veterans Affairs.

19          (d) EVALUATION.—The Secretary shall require each  
20          recipient of a grant to use a portion of the funds made  
21          available through the grant to conduct an evaluation of  
22          the effectiveness of the activities carried out through the  
23          grant by such recipient.

24          (e) DEFINITIONS.—In this Act:

1           (1) ASSISTANCE DOG.—The term “assistance  
2   dog” means a dog specifically trained to perform  
3   physical tasks to mitigate the effects of a disability  
4   described in subsection (b)(2), except that the term  
5   does not include a dog specifically trained for com-  
6   fort or personal defense.

7           (2) COVERED MEMBERS AND VETERANS.—The  
8   term “covered members and veterans” means—

9           (A) with respect to a member of the  
10   Armed Forces, such member who is—

11           (i) receiving medical treatment, recu-  
12   peration, or therapy under chapter 55 of  
13   title 10, United States Code;

14           (ii) in medical hold or medical hold-  
15   over status; or

16           (iii) covered under section 1202 or  
17   1205 of title 10, United States Code; and

18           (B) with respect to a veteran, a veteran  
19   who is enrolled in the health care system estab-  
20   lished under section 1705(a) of title 38, United  
21   States Code.

22           (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
23   authorized to be appropriated to carry out this Act  
24   \$5,000,000 for each of fiscal years 2016 through 2020.

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**On Behalf of Canine Companions for Independence® regarding the PAWS Act Oversight Hearing before the House Oversight and Government Reform Subcommittee on National Security**

**April 15, 2016**

**Submitted by Paul E. Mundell, CEO, Canine Companions for Independence, National Headquarters, P.O. Box 446, Santa Rosa, California, 95402-0446, 707-577-1700**

Canine Companions for Independence® is a non-profit headquartered in Santa Rosa, CA. Founded in 1975, our organization was the first assistance dog organization to be accredited by Assistance Dogs International and has provided assistance dogs to more than 5,000 people with disabilities and US military Veterans across the country, at no cost to the individual. We have seen first-hand the power and positive impact that an assistance dog can make in the lives of our service men and women. Additionally, Canine Companions is one of three dog provider organizations participating in the current VA Study to determine the benefits of service dogs to Veterans with PTS.

On April 14, the House Oversight and Government Reform Subcommittee on National Security held a hearing regarding connecting Veterans with PTS with service dogs. During the hearing, several witnesses and members of Congress mentioned that they could see no downside to the PAWS Act as it is currently written, and that no harm could result from placing dogs with Veterans as quickly as possible. Canine Companions respectfully disagrees with this assertion. In our experience, it is vital to maintain high standards for the selection and training of assistance dogs and the placement and follow-up with assistance dog teams, in order to ensure quality partnerships. Providing dogs to Veterans without regard to these high standards can cause harm to the veteran, the dog, and the public.

The need for service dogs is great, and the supply of appropriate service dogs is limited; because of this, many organizations have sprung up to fill the need. Unfortunately, many of these organizations lack the knowledge and experience to maintain high standards and produce safe and effective assistance dog teams. Canine Companions applauds the authors of the PAWS Act for recognizing the need for quality assistance dogs, and for providing that organizations contracted to provide these dogs should be certified through Assistance Dogs International (ADI) or a similar organization. However, while certification through ADI provides the foundation for a set of minimum standards, these may be insufficient for the placement of assistance dogs with individuals with PTS, due to the unique nature of the placements. Careful consideration is required when making these placements because of the higher incidence of suicidality, anger management issues, and substance abuse. Due to this reality, ADI has created a sub-committee, which includes representation from Canine Companions, which is currently in the process of creating additional guidelines and standards for the placement of assistance dogs with individuals with PTS. An organization should implement additional protocols for applicant screening, consultation with mental health providers, dog selection and training, the placement process and staff training, and frequency and quality of follow-up.

Canine Companions is concerned that the introduction of the PAWS act at this time unintentionally invites the formation of unethical organizations seeking to capitalize on the available funds, without the knowledge or experience to create safe and effective teams. We suggest that the text of the PAWS Act be amended to include additional rigorous screening of assistance dog providers prior to their approval. An unscrupulous or inexperienced organization might encounter any of several pitfalls in their processes; the organizations selected to provide these assistance dogs should be well-established and proven to maintain high standards in all aspects of their program.

- **Dog selection:**

- *Health:* Assistance dogs should, at a minimum, be screened for common and foreseeable medical issues. These include, but are not limited to: allergies, heart conditions, orthopedic problems, eye problems, digestive problems, and problems common to the breed of dog selected. Dogs displaying any of the above, or other health conditions that would impact their working ability, should be disqualified. Assistance dog users rely on the services that the assistance dog provides; placing a dog with a health condition creates an emotional and financial burden on the assistance dog user and interferes with the potential benefit from the placement. In a placement with an individual with PTS, the dog acts in part as a stabilizing influence, and the premature loss or retirement of this type of dog is likely to be disruptive and damaging.
- *Temperament:* Assistance dogs must be temperamentally sound. Their work requires them to be calm and confident in a variety of environments and situations, and to remain focused on their work in the presence of distractions. Potential assistance dogs should be evaluated by experienced professionals over a significant period of time and in the settings in which they will be expected to perform their work. This standard is particularly important when placing assistance dogs with individuals with PTS, who are likely to experience anxiety and hypervigilance in many settings and will rely on their assistance dog to help them feel more comfortable in these environments. Behavioral issues such as anxiety, fear, aggression, prey drive, inappropriate toileting, inappropriate vocalization, or high management can create safety hazards for the handler, dog, and/or the public. Furthermore, even a minor behavioral issue can create extra management and stress for an assistance dog user, decreasing the beneficial effects of the placement.

- **Training:**

- *Standards:* Once selected, potential assistance dogs should receive extensive training, either directly from, or overseen by, experienced professionals, to prepare them for their working role. While the format of this training may vary from organization to organization, at the time of graduation dogs should be proficient in performing both basic-obedience and their trained tasks in a variety of environments and in the presence of distractions. Dogs with inadequate training may present ongoing management challenges or safety concerns due to a lack of obedience. Assistance dog users should be able to rely on their dogs to perform service-related tasks, and placing a dog that fails to perform creates an inherent safety concern.



- **Tasks:** Assistance dog organizations have an ethical responsibility to be conscientious in selecting the tasks the assistance dogs will be trained to perform. Protection work and other similar tasks, such as training the dog to display aggressive behavior, may be requested by individuals with PTS who are uncomfortable about their surroundings. However, these tasks are misguided and counterproductive to therapeutic goals, are inappropriate for assistance dogs working in public places, and present inherent safety concerns. Any tasks that require the dog to behave aggressively are a violation of the Americans with Disabilities Act and should be prohibited.
- **Application process:** Thorough assessment of assistance dog applicants is a cornerstone of any effective assistance dog program. Due to the invisible nature of the disability, it is all the more important that applicants seeking an assistance dog for PTS be screened by experienced professionals with the involvement of a licensed mental health provider. In order to make an effective placement, the organization needs information about an applicant's lifestyle, home environment, activity level, disability, treatment history and goals, and the individual's goals for partnership with an assistance dog. Some or all of this assessment should ideally take place in-person, and include an opportunity to handle and interact with potential assistance dogs. Not all individuals will be appropriate for placement with an assistance dog. Persons who are in an unstable situation, who are unwilling or unable to meet safety standards, who have ongoing issues with substance abuse or violence, or who cannot provide for the dog's needs should not be accepted into the program. Failure to thoroughly screen applicants runs the risk of placing a dog into an already unstable or dangerous situation. At a minimum, insufficient contact between the individual and the organization may result in a placement that fails to provide the greatest benefit to the recipient.
- **Placement:** Canine Companions supports the PAWS Act provision that assistance dog recipients receive in-house training for a minimum of 30 hours over ten days as part of the placement process. Further, this training should be provided by experienced professionals, trained to work with individuals with PTSD, who have direct knowledge of the assistance dog recipients and the dogs themselves. The content of the training should cover all aspects of canine ownership and care, extensive hands-on practice in a variety of settings, and an overview of the assistance dog owner's rights and responsibilities. At the conclusion of training, the individual should be fully prepared to use his or her assistance dog in daily life. The placement process provides the foundation for the working relationship of the team, and it is critical that the assistance dog recipient receive high quality information and instruction. No matter how well-trained the assistance dog may be, the quality of the partnership will always depend in part upon the handler maintaining the dog's skills.
- **Follow-up:** Canine Companions supports the PAWS Act provision that assistance dog recipients should receive follow-up support services for the lifetime of the placement. Canine Companions knows from experience that follow-up support is a vital part of any successful assistance dog program. However, due to the fact that assistance dog placements with individuals with PTS are a newer phenomenon, the best practices for follow-up with these teams are less well-established. It is all the more important that organizations making these

types of placements are proactive in maintaining contact to ensure that they are able to help troubleshoot any issues that may arise.

Canine Companions for Independence shares the desire to benefit Veterans that gave rise to the PAWS Act. It is our hope that high quality service dog placements could be a beneficial intervention for Veterans with PTS. With our 40+ years of experience making assistance dog placements, we have found that there are certain criteria that must be in place to maximize the benefit to the user. As the largest provider of assistance dogs, we are committed to helping develop and maintain standards of excellence within the assistance dog industry. It is this commitment that gives rise to the concerns voiced above and leads us to recommend that the PAWS Act, and any similar legislation, include provisions to ensure the high quality of assistance dog placements.