

Department of Veterans Affairs

Memorandum

Date: DEC 11 2007

From: Under Secretary for Health (10)

Subj: Decision Memo Concerning Providing Service Dogs to Eligible Veterans

To: Secretary (00)

1. Attached is a report concerning providing service dogs to eligible veterans who are hearing or mobility impaired. In 2002, Congress enacted Public Law 107-135, permitting, but not requiring, the Department of Veterans Affairs (VA) to provide service dogs to those veterans.
2. A VA National Service Dog Workgroup was assembled at that time to analyze the impact of the law, review current private infrastructure delivery systems, review evidence-based research data, and recommend an implementation plan. The Workgroup's 2003 report concluded that VA was not in a position to provide service dogs at that time, but that service dogs may provide demonstrable benefit to mobility and hearing impaired veterans covered under the provisions of Public Law 107-135. To identify any potential benefits, VA conducted three VA pilot/research studies over a three-year period. The results of the three studies were recently reviewed by a reconvened workgroup.
3. The results of VA's research, including a comprehensive review of scientific literature, find that:
 - a. Research does not support the anecdotal claims of effectiveness of service dogs.
 - b. Some cost savings result from decreased use of paid assistance; however, these savings are offset by the expenses to care for the dogs.
 - c. VA provides low-tech and high-tech devices that serve the same purposes as the dogs: reachers for retrieving items from the floor, canes for balance, vibrating or flashing adaptations for clocks, telephones, smoke detectors for hearing impaired.

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- d. Many veterans with physical disabilities have conditions that worsen with time. This results in issues about the how long the veteran can use the dog's services effectively and the question of the welfare of the dog if the veteran can no longer care for the dog.
 - e. Service dogs require constant training in addition to the every day care any animal requires. This can be exceedingly difficult for a person with certain physical disabilities.
 - f. Consistent standards about determining clinically when and where a dog could be used effectively and assessing whether the dog is doing a good job could not be identified.
4. Based on the conclusions of the workgroup and staff, I recommend:
- a. VA should not routinely provide service or hearing dogs under Public Law 107-135 until such time that research proves their efficacy and the industry has sufficient reliable standards in place that address the assessment, training, and prescription of these animals.
 - b. VA should also not provide the names of organizations that provide service and/or hearing dogs as a "soft referral" to alleviate the appearance of favoritism to a particular organization and recommending a service/device/animal that has so far been proven to be ineffective.
 - c. If the positive value of service dogs is substantiated by scientific evidence in the future, then VA could reconsider this position.
 - d. In the interim, to maintain VA's role in providing independence to those with disabilities, VA should evaluate, on a case-by-case basis, those individuals that can demonstrate that a service dog effectively performs a task that cannot be achieved through assistive technology or daily living aids. VA may provide service dogs to these individuals.

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- e. To remain consistent with the model of procurement currently used in attaining guide dogs for the blind, VA should only acquire service dogs through non-profit agencies who do not charge for their animals, services, or lodging.



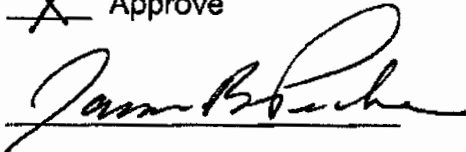
Michael J. Kussman, MD, MS, MACP

Attachment

DECISION BY THE SECRETARY OF VETERANS AFFAIRS

Approve

Disapprove



1/14/08
Date

James B. Peake, M.D.
Secretary of Veterans Affairs

SHEILA'S REFUTATION (NOT SENT)

3a. NEADS was in the study done by Dr. Diana Rintala from Baylor Medical College. Her study did not refute the effectiveness of Service and Hearing Dogs but rather proved inconclusive due to the small sampling population.

3b. As the VA stated the studies prove that cost savings do result from having an Assistance Dog. They countered this by saying the expenses to care for the dog offset this. The average yearly cost to maintain a dog is \$1200.00. To provide a part-time personal care assistant for a year is a minimum of \$20,000.00.

What they don't understand is that not having to depend on another person is priceless.

3c. Contrary to what the VA task force stated an Assistance Dog is more efficient than a high or low tech device. What disabled person walks down the street with a reacher? How does a double amputee pick up his cane when he drops it? What devices enable a disabled person who falls to get up? An Assistance Dog who is with his human partner 24/7.

3d. Many of the conditions of disabled civilians who have Service Dogs worsen over time. This does not prohibit the use of Service Dogs, however. In fact many come back for a third or fourth Service Dog.

3e. Service Dogs do not require constant training. The daily activities that they perform such as picking up objects, turning on and off light switches, acting as a walking cane, pulling a wheelchair or in the case of a Hearing Dog responding to sounds reinforces the training.

3f. Assistance Dog International, established in 1985 is the governing organization of all the Assistance Dog organizations in the world. It is mandatory that ADI standards and ethics are practiced by all member organizations. An accreditation process is now in effect to assure members are in compliance with standards and are using excellent business practices to produce Assistance Dogs of the highest quality. By 2010 all ADI member organizations must be accredited.

In Conclusion

4a There are reliable and provable industry standards in place that address the assessment, training and placement of Hearing and Service Dogs.

4b. The VA can refer interested veterans to ADI. ADI in turn will assure that a veteran is referred to an accredited ADI organization.

4c. Unlike the Guide Dog that was first trained in Europe to help blind veterans after the First World War, Assistance Dogs were first conceptualized in 1976 in this country. Because they are only 32 years young, a smaller population of disabled people are partnered with them. This small population renders studies like the ones conducted by the VA, inconclusive.

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Independence – Americans feel it is an invaluable right; a right worth fighting for. In light of this it is ironic that the VA is denying our veterans, the independence that Service and Hearing Dogs can facilitate.

On December 11, almost 7 years after President Bush signed a law 107-135 enabling the VA to provide Hearing and Service Dogs to veterans, they have decided not to do so. The scientific studies done were inconclusive because of the relative small population that uses these dogs.

April 16, 2008

Michael J. Kussman, M.D.
810 Vermont Ave. NW Room 806
Washington, DC 20420

James B. Peake, M.D.
253 2nd Avenue SW
Washington, DC 20024

Dear Drs. Kussman and Peake:

I have a copy of Dr. Kussman's memo (December 11, 2007) outlining the basis for his recommendations opposing VA funding for service dogs. Dr. Peake approved the memo on January 14, 2008.

I urge you both to reconsider your position. Although I have a wealth of data, both research-based and experiential, to refute each and every one of your findings, (paragraph 3) and will not include all of them here. The most important points are these:

- Your conclusion at ¶3 (a) comes dangerously close to scientific misrepresentation. I have been informed that the study referred to was done by Dr. Rintala from Baylor Medical College. It is not true that Dr. Rintala's work failed to substantiate effectiveness of service dogs; her sample was too small to support a general claim. I am troubled that two physicians of your caliber would misuse scientific research to support a political position.
- The assertion that cost savings of service dogs are offset by the cost of maintaining the dog is just plain silly. In the field of logic, we call that a truism. One might as well observe that the benefits of having health insurance are offset by the cost of an employee's contribution to the plan. Honesty should have compelled you to include the economic data: A part-time PCA (personal care assistant) costs \$20,000 annually. A service dog? \$1,200.
- Your conclusion at ¶3 (c) is simply incorrect. Putting aside the entire question of whether a "reacher" device is more effective than a service dog, there is no device that substitutes for a walker dog. I have used canes, crutches and walkers. None of them provide me with my dog's gentle forward traction that enables me to sail

down the streets of Boston, untroubled by ice and snow, up hills and stairs, as I make my way to the courthouses where I do my job.

- Paragraph 3 (d) is another truism. Yes, the veterans returning from Iraq and Afghanistan will need as many as four dogs over their lifetimes. We are willing to provide them. Those of us who volunteer our time and donate private funds to service dog organizations have stepped up to meet the challenge. What am I to conclude from the fact that my government, having sent young men and women to war, now uses misstatements of fact, including scientific fact, to justify a refusal to care for the wounded?
- Paragraph 3 (e) is both factually incorrect (service dogs do not need constant retraining) and, if you'll forgive me for saying so, patently offensive to the disabled. I am offended by the suggestion that disabled people are "too disabled" to effectively use service dogs. Let us leave this unfortunate paragraph without further comment.
- It is hardly a surprise that you find, in ¶3 (f), an absence of consistent standards for assessing the usefulness of a service dog for an individual. You probably ignored the material available from Assistance Dog International and looked at the major insurance companies and the VA system. Until this war resulted in a skyrocketing increase in the young disabled population, service dog organizations did their work without any third-party insurance reimbursement or government involvement. Standards weren't needed. So long as the VA turns its back on the needs of its veterans, the VA will never develop its own clinical standards.

I wish to leave you with a consideration that may have not been apparent when you were creating this policy. So long as the VA refuses to provide economic support that would enable reputable service dog charities to increase their production of trained dogs, a shadow industry in fake service dogs will flourish. There are already hundreds of sleazy people promising to provide service dogs for a fee. Most of these fly-by-night companies simply take money from the disabled person in return for a promise that the staff will provide training for the person's own dog. The disabled person ends up with an untrained pet, an identification card "certifying" that the pet is a service dog within the meaning of the ADA, and some training materials. Our veterans deserve better.

I have criticized the evidentiary basis for your conclusions, so let me end on a more positive note with a suggestion for improving your data. On behalf of NEADS, Inc. and the Canines for Combat Veterans program, I extend an invitation to each of you to visit our campus in Massachusetts. We have a wealth of information to share with you, and it could better inform your policies.

Very truly yours,

Lowry Heussler