

Washington

Installations already suffering, services say

By Rick Maze
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Living and working conditions on military installations are already suffering as a result of budget constraints that could be partly solved by a House Republican proposal to authorize 2013 construction projects and slightly increase spending.

The result, service officials said March 5 in testimony before a House panel, is delayed starts for hundreds of construction projects — 102 in the Army alone — and less money for maintenance and repairs.

Army Chief of Staff Gen. Raymond Odierno said he expects up to 100,000 uncompleted work orders for repairs will pile up each month until questions about the 2013 budget are resolved.

“We are ... reducing our base sustainment funds by \$2 billion in fiscal 2013, a 70 percent drop from what has been historically required to run our installations. This means even bare minimum maintenance cannot be sustained,” Odierno said as he and his fellow service chiefs testified before the House Appropriations Committee’s military construction panel.

House Republicans have drafted a new 2013 appropriations bill that fully funds the Pentagon and Veterans Affairs Department, including authorizing new construction starts and a \$10.4 billion boost in operations and maintenance that would include facility upkeep.

The overall \$615.8 billion in defense spending is subject to

sequestration, so it would be reduced by 7.8 percent, but that would leave DoD slightly ahead because the 2013 budget totals about \$2 billion more than the 2012 caps on defense spending imposed at the start of the fiscal year in October.

Even if Congress authorized construction and increased facilities funding now, Odierno said it’s already too late to stop some of the harm.

The services still face tight facility budgets, with Odierno warning that when things go wrong, as they do on aging installations with facilities that have never received 100 percent funding for upkeep, there may not be money to fix broken water mains, clogged sewer pipes, power failures and water damage.

Chief of Naval Operations Adm. Jon Greenert said his facility improvement budget is hit so hard that only work needed for safety and security is planned.

Projects to improve housing for single sailors are being deferred, along with projects to demolish and consolidate facilities and enhance energy efficiency efforts.

The services have been striving to meet a DoD goal to get 90 percent of family housing and dormitories rated as “adequate” by 2017, but that goal is put at risk by budget cuts and delays in construction, said Air Force Chief of Staff Gen. Mark Welsh.

The Air Force has been on track to scrap 5,700 of its remaining 9,500 inadequate family quarters and 1,650 of its 5,700 inadequate dormitory rooms by the end of

fiscal 2014, Welsh said, but may now miss the DoD goal.

“The Air Force has already deferred all nonemergency facility sustainment, restoration and modernization projects across its installations,” he said, warning that delaying repairs and maintenance can lead to even higher costs in the future as conditions worsen in the interim.

Marine Commandant Gen. James Amos said balancing spending priorities in times of budget cuts is an exercise in “containing the damage.”

The Marine Corps has 37 construction projects on hold, and Amos said delays threaten the huge improvements made since 2006 in the living and working conditions of Marines.

Projects that can’t be started this year will be delayed until 2014, with a domino effect on other future construction plans, he said. □

Family: Tricare should cover ‘experimental’ horse therapy

By Patricia Kime
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Like any teen, 16-year-old Kaitlyn Samuels has definite likes and dislikes. Disney movies and horses fall under “like”; waiting rooms and doctor’s appointments, “strong dislike.”

And Kaitlyn, the daughter of Navy Capt. Mark and Jennifer Samuels, has had a lifetime of the latter. Diagnosed as an infant with cerebral palsy and scoliosis, she has the mental capacity of a toddler and requires multiple medical interventions to stay alive.

Among the treatments is physical therapy, which she needs to keep muscles toned and her spine from folding in on itself.

Still, three years ago, she began balking exercise, her parents said.

“If she’s working on something ... she doesn’t want to do, she’ll put her head down and ‘pretend’ sleep,” Jennifer Samuels said, noting Kaitlyn can’t comprehend the idea that she must do the physical work or she could die.

To work around her stubborn streak, her physical therapist came up with a plan: Since Kaitlyn enjoys horses and therapeutic riding, maybe she’d love doing her physical therapy sessions on horseback, a practice known as hippotherapy.

It worked. Since 2009, Kaitlyn has actively engaged in her PT

regimen at Rocky Top Therapy Center in Keller, Texas.

But in mid-2010, Kaitlyn’s parents said, Tricare stopped payments for the therapy.

They didn’t know it, but Tricare considers hippotherapy an experimental treatment that “lacks reliable evidence establishing it as proven” for treating any medical conditions.

Tricare never issued a formal denial; it simply stopped paying. Tricare spokesman Austin Camacho said he couldn’t specifically address the Samuels case but said that because of the volume of claims processed by Tricare, it’s “inevitable that a small percentage will be improperly paid.”

The Samuelses appealed, arguing their daughter’s treatment was not unique but a type of basic physical therapy using a horse as a tool, similar to a bench, stability ball or weights used by physical and occupational therapists.

In March 2012, the Samuelses won a small victory when a Tricare hearing officer agreed with them, calling Kaitlyn’s treatment “physical therapy” and recommending Tricare pay the cost-share owed the Samuelses, \$1,327.44.

“Should [Kaitlyn] fail to get proper PT, she will need surgery, a cost that would be incurred by the government ... [without surgery] the curving can continue until her



SAMUELS FAMILY

Sixteen-year-old Kaitlyn Samuels, diagnosed with cerebral palsy and scoliosis, no longer receives Tricare coverage for her horse therapy sessions.

organs are crushed and she dies,” wrote Claude Heiny, a Tricare administrative judge.

But less than six months later, Tricare Appeals Director Mark Donahue issued a final decision: denied.

“I have determined that hippotherapy is not a covered medical benefit under the Tricare Basic Program because it is not medically or psychologically necessary,” Donahue wrote.

Although his decision is final within the Tricare system, the Samuelses are not through yet.

Attorneys at the powerhouse law firm Akin Gump, Strauss, Hauer and Feld read about their case and decided to take it pro bono.

Their goal is to rewrite the law to broaden Tricare’s definition of covered physical therapy services.

“If Kaitlyn were to use a ball or a bench or even a bench shaped like a horse, it would be covered. But you put skin and bones under the bench, suddenly it’s experimental? We think that’s a glaring mistake,” attorney Marcella Burke said.

Kaitlyn’s therapy costs \$160 a week, which the Samuelses now pay out of pocket, assisted by a grant from a Rocky Top benefactor.

Jennifer Samuels said the issue is not one of money, but of benefits for special needs children in military families. To her, Tricare’s “whole argument makes no sense.”

But Tricare is hardly alone in labeling hippotherapy as experimental. Many larger insurers, including UnitedHealth, Aetna and Wellcare, do not reimburse for hippotherapy.

Yet Rocky Top often receives payments from insurers of clients who are receiving physical therapy on horseback — an accepted billable treatment.

The center also receives payments from Medicaid, which covers children with special needs regardless of income. Kaitlyn Samuels would qualify for the Medicaid provision, but since she is a military child and moves often, she ends up at the bottom of wait lists for the state-administered program each time the Samuelses relocate.

The case has drawn attention from special needs groups and military advocates who think the law should be changed.

“How can [Tricare] do this when a licensed professional has determined it works?” said Sharon Gilbert, a program director with the American Hippotherapy Association. “Insurance companies don’t revoke payment if PT is conducted in a pool or at therapy room. Why should a horse be any different?” □