

John Rowan, National President, VIETNAM VETERANS OF AMERICA

STATEMENT

Of
VIETNAM VETERANS OF AMERICA

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Regarding

2006 Legislative Priorities

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Good morning Chairman Craig, Senator Akaka, and other distinguished Members of this Committee. It is my privilege this morning to present to you the thoughts and views of Vietnam Veterans of America (VVA) on the funding priorities and issues of significance for veterans and our families.

It has been said many times, only half-jokingly, that Americans have the shortest attention span of all mammals. What makes headlines today most of us forget about six months from now. Remember Chandra Levy?

Veterans, though, have long memories. We remember why we served, what we saw, what we did when we donned the uniform to serve our country. We remember our comrades, those who died and most of the rest who were forever changed by having donned the uniform.

We also remember last July, when Congress and the Administration were embarrassed by the revelation that the Department of Veterans Affairs was \$800 million in the hole in meeting its health care obligations. After a flurry of meetings and a spate of publicity, Congress moved

quickly, if belatedly, to do the right thing for veterans, even as this shortfall grew by several hundred million dollars as the VA suddenly "discovered" it was treating 103,000 OEF and OIF veterans rather than 26,000. Some 144,000 of our newest veterans are now being treated at VA facilities.

To your credit, and for this we thank you, you closed this budget gap by adding \$1.5 billion to the VA's FY'05 operating budget. And you added another \$1.2 billion in "emergency funds" for the current fiscal year which, we fear will still not be enough for the VA to maintain its current level of care, even with a reported \$1.1 billion carryover in the VA's budget. You cited, correctly, some of the problems inherent in how the VA predicts the usage and attendant costs of its health care operations. While we are hardly omniscient, VVA's budget projections and those of the Independent Budget were right on the money, again.

FY'07 Budget This year, we believe the Administration's budget request, despite the hype, is short by at least \$4.2 billion, \$1.9 billion of which would open enrollment to Priority 8 veterans who were "temporarily" restricted from enrolling in the VA's health care system in January 2003. If the ban on statutorily eligible Priority 8s continues, VVA believes the budget for health care is still short by some \$2.3 billion.

The real effect of this shortfall is felt in the VISNs, in the VA medical centers, where the real work "patient care" is done. Next time you are back home, next time you visit one of the VA medical centers in your state, ask around how they're doing with the current budget constraints. We think you'll be surprised by what you learn.

VVA believes that the budget for veterans' health care should not be capped by the need to control the deficit "a need that is exacerbated by tax cuts that benefit the wealthiest among us" but by the needs of the eligible veterans who choose to utilize the VA for their health care.

We've said this before and we'll say this again: Had the VA's health care budget not been flat-lined for four years just as eligibility reform was opening the system to hundreds of thousands of deserving veterans, we would be discussing a budget \$8- to \$10-billion greater than it has been, than what is proposed for FY'07.

This year, yet again, we dispute the numbers in the Administration's budget request. It is not enough money, even to properly take care of those already in the system. Along with the other veterans' service organizations, VVA will expend countless hours and considerable energy arguing about and fighting for funding that is sufficient to meet the needs of the veterans the VA serves.

This is one battle we should not have to wage. Instead, we should be working together to fashion a formula for funding the VA's health care operations. We challenge Congress here and now: Form a bipartisan group to meet, study the issues and options, hold hearings, and recommend legislation that would fundamentally change the way in which veterans health care is funded to ensure adequate funding for veterans' health care.

VVA believes, in concert with other eight VSOs that comprise The Partnership for Veterans Health Care Budget Reform, that a fair funding formula can be arrived at, one that won't bust the

budget, one that recognizes our nation's obligations to veterans and is indexed to medical inflation and the per capita use of the VA health care system.

Adjudication Backlog What sometimes gets lost in the debate over sufficient funding for veterans' health care is the continuing backlog in the adjudication of claims at the Veterans Benefits Administration. More than 525,000 cases have been in various stages of adjudication for far too long now. The VA projects this situation will get worse, yet only requests funding for 130 new employees for all of the VBA for FY 2007. Congress needs to ensure that the new platoon of adjudicators is properly trained, supervised, and, along with their supervisors and managers, held accountable for their work.

We believe that Congress must demand an explanation from the VA as to why it takes upwards of two and a half years to adjudicate cases. Congress must demand that the VA not only develop but put into practice a real strategy for unclogging the system. (The VA might try to triage cases, akin to what military medical personnel do as casualties are brought in from the field of battle.) There's no reason why a veteran who has all of his paperwork in order in making a claim for, say, tinnitus must wait a year or more. There should be no reason why his claim can't be adjudicated in sixty to ninety days.

Greater Accountability We do not make the argument, however, that budget reform is an end in and of itself. It is, rather, a means to an end. It must be accomplished hand-in-hand with real changes in how VA senior managers and middle managers perform. Give ?attaboys? and bonuses to those who have earned them; give warnings and sanctions to those who have not done their jobs well. Please do not get us wrong: The overwhelming number of those who work at the VA are dedicated to helping veterans, and we applaud the efforts they make every day. But better management ? and training -- is needed if efficiencies are to be increased.

Expanded Outreach According to the U.S. Bureau of the Census, there are more than 25 million veterans in the United States today. Only around one-fifth of them have any real interaction with the Department of Veterans Affairs. However, many of them, particularly in-country Vietnam veterans, are eligible for compensation for several maladies incurred during their military service ? and far too many remain unaware of the benefits to which their service entitles them.

These are not just veterans who have been having difficulties coping with life. As an example, in speaking with one Navy veteran, we learned that he had served in-country in Vietnam. When he mentioned that he had suffered with prostate cancer, we asked if he knew that this was service-connected compensable, presumptive to exposure to Agent Orange. This was news to him. And he is a lawyer with the IRS here in Washington, D.C.

VVA believes that the VA has an obligation to reach out to all veterans to ensure to the maximum extent possible that they know what benefits they have earned, and they know how to access these benefits. This is starting to happen as VA personnel are assigned to the bases where active-duty personnel transition to civilian life and veteran status. This, however, is hardly enough.

We commend to you legislation ? S. 1342 ? introduced by Mr. Feingold that would require the Secretary of Veterans Affairs to establish a separate account for the funding of the outreach

activities of his department ? and a sub-account for the funding of the outreach activities of each element within the department. This legislation would assist states in carrying out programs that offer a high probability of improving outreach and assistance to veterans ? and to their spouses, children, and parents who may be eligible to receive veterans' benefits. We urge members of this committee to seriously consider holding hearings on this bill.

This morning, rather than offer a laundry list of issues and priorities, VVA is focusing on specific issues that demand our best efforts to achieve and warrant your attention and support.

Fee-Basis Health Care Approximately 60 percent of OEF/OIF service members, particularly in the National Guard and the Reserves, come from rural areas. Despite the VA's network of clinics, too many of these returnees and other veterans do not live near a VA clinic or medical center. They are at a distinct disadvantage in accessing VA health care. When the VA cannot provide the highest quality care, within a reasonable distance or travel time from a veteran's home, the VA has a duty to provide care via a fee-basis provider of choice for service-disabled veterans. VA personnel who deal with these veterans must be aware of their duty in this regard.

This most assuredly does not mean that the VA should begin to dismantle its network of healthcare facilities and outsource, or privatize, VA services, as some might encourage. It does mean that Congress must ensure that every effort is made so that veterans ? particularly our newest veterans ? receive timely care from providers.

Military History The Veterans Health Administration (VHA) must become a true ?veterans health care system? instead of a general health care system that happens to be for veterans. Without taking a complete military history of its patients, this is just not possible. We cannot state emphatically enough the need for VA clinicians to take a complete military history as a matter of course for all veterans currently in or entering the VA health care system. This must be part of the automated patient treatment record, so that it can be keyed to training, be the basis of clinical reminders based on the veterans' military record, and focus the general mindset of all clinicians at VA toward being a true ?veterans health care system.?

What is true for VA clinicians is true as well for private clinicians. A medical professional who knows a patient is a veteran, and knows a patient's military history, should have a better idea about what that patient may have been exposed to, what emotional trauma were faced that will have ongoing physical and/or mental repercussions.

Military Sexual Trauma It has become clear in the last decade that sexual harassment and sexual abuse are far more rampant than what had been acknowledged by the military. Reported instances of sexual harassment and abuse represent only the tip of the proverbial iceberg. While we are gladdened that both the Departments of Defense and Veterans Affairs seem now to be taking this seriously, even acknowledging sexual trauma as a crime in the Defense Authorization Act of 2005, there is still a long road to travel to change the current atmosphere that conditions victims of sexual abuse to not report this abuse to authorities. We urge Congress to call for a review of the penalties for military sexual trauma under the Uniform Code of Military Justice to determine if the penalties are commensurate with the offenses, and to act to ensure uniform enforcement in all branches of the military.

VVA also shall seek, via legislation or regulation, to re-authorize the biennial report of the Advisory Committee on Women Veterans, to be submitted to the Secretary of Veterans Affairs for response and then to Members of Congress; and we shall seek as well legislation to provide contract care, for up to 14 days post-delivery, for infants born to women veterans who receive delivery benefits through the VA.

VA Research - Perhaps the coalition of Friends of VA Medical Care and Health Research endorsing a \$48 million increase in appropriations for medical and prosthetics research ? and \$45 million for facilities improvements ? did not reach the right ears yet. It should be clear to all, however, that the \$13 million ?hit? the VA research budget will take if the Administration's proposal is approved is unconscionable, particularly in a time of war. Research may not reap immediate benefits, but research is critical in finding answers to the unique medical problems of veterans, and treatments that ease pain and save lives. The VA research program results in discoveries that advance the fields of mental and physical rehabilitation, increase research on blast injuries and burns, study means to improve the quality of health care delivery, and continue investigation on addressing chronic diseases and their complications.

VVA urges a significant increase, not any decrease, in funding VA research. VVA also calls for a separate line item of \$25 million in Research & Development funds to fund the National Vietnam Veterans Longitudinal Study (NVVLS), with report language compelling the rapid resumption and early completion of this vital study. (See further explication below.)

Agent Orange Far too many in-country Vietnam veterans are afflicted with serious, life-threatening diseases at a relatively young age, diseases that we believe are borne of exposure to Agent Orange and other herbicides, defoliants, and desiccants during their tour of duty in the jungles and rice paddies of Southeast Asia. Congress must provide the funds for study by reputable scientists into the long-term health effects of dioxin, the culprit element in Agent Orange. Some of this research must focus on the intergenerational effects of exposure on the children ? and on future generations ? of Vietnam veterans.

Even though VVA agrees that funds should no longer be expended on the flawed Air Force Ranch Hand Study, we fully intend to work to ensure that the data gleaned from this study, as well as the tissue samples, are properly stored and accessible for legitimate scientific study.

Lung Cancer and Veterans As the VA acknowledged in 1994, there is mounting evidence of a ? positive association? between exposure to herbicides ? like Agent Orange ? and the subsequent development of respiratory cancers. Additionally, a series of studies over the past 20 years has linked military service to higher smoking rates and smoking-related diseases and deaths. Because lung cancer is usually not diagnosed until late stage, making treatment costly and not very effective ? the mortality rate for lung cancer is 85 percent ? VVA urges Congress to mandate that the VA institute an early detection and screening program for all veterans ? and especially Vietnam veterans ? at high risk for this lethal cancer.

Project 112/SHAD VVA has been and will continue to work diligently to ensure the passage of The Veterans' Right to Know Commission Act (H.R. 4259). This legislation, introduced by Reps. Mike Thompson (D-California) and Denny Rehberg (R-Montana), would empower an independent commission to delve into the history and non-disclosure of information to American

service members who participated in the testing of chemical and biological substances as part of the Project 112/SHAD program.

This bill is about achieving justice for those Americans whose health may have been compromised by toxic elements to which they were exposed. Most were exposed unwittingly. The VA acknowledges that at least 70,000 service members may have been exposed in tests that go back to the end of World War II. Those still living, and the survivors of those no longer with us, should be provided with the information they need to resolve questions about their health, and to make claims for service-connected disabilities derived from their participation in these tests.

Additionally, the legislation entitling a veteran who was in one of the Project 112/SHAD tests to medical services at the VA must be reauthorized and extended; and we extend our thanks to Senator Brownback for his leadership in this realm. VVA strongly recommends that the VA be required to issue a national protocol for these physicals based on the agents, simulants, tracers, and decontaminants to which 112/SHAD veterans were potentially exposed.

PTSD and Substance Abuse VVA believes that the National Vietnam Veterans Longitudinal Study (NVVLS), a follow-up to a study done some twenty years ago, must be funded ? and the VA compelled to immediately re-initiate this statutorily mandated study and bring it to an early and proper conclusion. The NVVLS represents the last best chance we have of understanding the scope of the health of Vietnam veterans. Line-item funding for this study and strong explicit report language are needed to compel the VA to fulfill its responsibility to comply with the mandate set by Congress in Public Law 106-419, The Veterans' Benefits and Health Care Improvement Act of 2000.

Just as important, Congress must take the necessary steps to ensure that the organizational capacity and funding of the VA's mental health programs for the diagnosis and treatment of the neuro-psychiatric wounds of war are restored to at least the level of effort that existed in FY'96. So many veterans of the fighting in Afghanistan and Iraq are returning home haunted by their experiences. We do a disservice to them if we do not provide the necessary mental health services that they require.

As all of us are aware, PTSD has been a hot topic of late. The 108th Congress authorized and funded the Veterans' Disability Benefits Commission to research and make recommendations as to how service-connected disability compensation is adjudicated, in the manner in which the VA adjudicates claims is in accord with the intent and will of Congress. The very existence of this commission, combined with the VA's ill-advised ? and now revoked ? decision to conduct a retrospective review of some 72,000 cases in which veterans were granted 100 percent disability compensation for PTSD, has left many veterans fearing that their benefits will somehow be reduced or taken away.

The VA is obliged to use as a guidepost for the diagnosis of PTSD the mental health standards set forth in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. VVA believes strongly that if VA adjudicators are properly trained and supervised, if they follow the VA's own ?Best Practices? manual, the hubbub surrounding the variation in awards for PTSD would be silenced. The VA specifically and firmly refuses to utilize its own ?

Best Practices? for PTSD adjudication. Now, four years after the completion of the manual, and having refused to use it to train clinical or adjudication staff, or to issue a directive on its use ? or to even distribute a copy of the manual ? the VA is awaiting the results of a study by the Institute of Medicine to let VA officials know if how they adjudicate PTSD claims is the ?gold standard? or if they need to do things differently. We have been monitoring this closely, and we will continue to monitor it to ensure that veterans whose lives have never been quite the same since they came home from a war ? from a jungle or desert or rice paddy or metropolis ? are protected from any undue or hasty changes in the rules.

Employment, Training, and Business Opportunities VVA will continue to work to ensure that all provisions of executive orders, public laws, and legislation pertaining to the employment, training, and business opportunities for all veterans, and especially for service-disabled veterans, be enforced. State, local, and federal agencies that work diligently to meet the spirit and intent of these provisions should be rewarded; any attempts to weaken the provisions should receive appropriate sanctions.

For the Secretary of Labor to continue to implement the Jobs for Veterans Act as it has been is astonishing. A recent Government Accountability Office report is far too kind to the Department of Labor, which has made no progress in the past three years to put in place a system to gather information to learn if the Jobs for Veterans Act is actually working and meeting the intent of Congress. In fact, the DOL has done nothing of consequence to implement ?priority of service? for veterans, particularly disabled veterans and returning service members.

In fact, there is no real national strategy to assist returning veterans, including National Guard and Reservists, who are unemployed or under-employed ? and some 15 percent of our newest veterans have yet to find gainful employment. Similarly, there is no effective mechanism in place for enforcing veterans' preference, and we have an Administration that appeals a case against a disabled veteran who had finally won his case before the Merit System Protection Board pursuant to The Veterans Employment Opportunities Act of 1998.

It is imperative that re-education and work skills upgrades, including self-employment, be made a priority by those agencies of government that provide these services, especially considering the battalions of seriously and permanently disabled veterans returning from Afghanistan and Iraq.

Additionally, VVA implores Congress to begin an investigation into the disparities of the Compensated Work Therapy programs in the Veterans Health Administration, which we believe is just not doing the job they were created to do, of creating a bridge to permanent employment.

Homeless Veterans It is a national scandal that so many men ? and, increasingly, women ? who have served our nation now do not have a roof over their head, a place to call home. Although there are many reasons that have caused them to become homeless, they deserve our best efforts to help them salvage their lives.

Public Law 107-95, The Homeless Veterans Assistance Act of 2000, must be sufficiently funded and its provisions fully implemented ? including the maximum appropriations stipulated in a variety of homeless assistance programs. Furthermore, we believe that congressional action is necessary to readdress what has emerged as a difficulty: VA Homeless Grant and Per Diem

funding must be considered a payment rather than a reimbursement for expenses, an important change that will enable the community-based organizations that deliver the majority of these services to operate effectively and to require that the Department of Housing and Urban Development comply with section 12 of P.L 107-95 authorizing 500, additional HUD/VASH vouchers in FY03, FY04, FY05 and FY06. HUD acknowledges in a letter of December 5, that these funds have not been appropriated and that housing needs of homeless American is one of the top priorities, of the department, if this is so, then why are they leaving about 2,000 homeless veterans' without the most vital resources they need a safe and secure place to live by not asking Congress to appropriate these vouchers.

Compensation and Pension To promote uniform claims decisions, current policy must be changed to permit VA staff and VSO service representatives to collaborate in developing uniform training materials, programs, and competency-based re-certification exams.

VVA also seeks to secure a pension for Gold Star parents, many of whom are in dire financial straits and have lost the son or daughter who might have been able to assist them in their old age.

For currently deployed or soon-to-be deployed troops, VVA believes that greater financial protections are warranted for their security and the security of their loved ones. For the survivors of those who die in military service, we seek a permanent prohibition of offsets of Survivor's Benefit Plan and Dependency & Indemnity Compensation.

Finally, a change in the law is necessary to permit service members wounded in combat and placed on temporary disability status to be considered as remaining on active duty for the purpose of computing leave and retirement benefits.

A New Generation of Veterans The force readiness plan being developed by the Pentagon at the behest of Congress must include a full medical examination, to include a blood draw and a psychosocial history by a qualified clinician, for all troops prior to their deployment overseas and upon their redeployment.

Because our newest veterans appear to be suffering the psychological stresses and disorders in far greater numbers than even we of the Vietnam generation, it is imperative that a system of acute stress counseling and PTSD counseling be emplaced, a system funded by DoD and delivered by VA personnel and private practitioners. This counseling must be made available to Reservists and members of the National Guard and their families in addition to active-duty troops.

POW/MIA The fullest possible accounting of the fate of American service members who had been Prisoners of War or who had been declared Missing in Action has long been a keynote of Vietnam Veterans of America. To further VVA's long-standing efforts in this regard, we urge Congress to appropriate additional funds to put more teams on the ground to conduct searches for remains in Vietnam, Laos, and Cambodia.

VVA also urges that all documents relevant to the status of POW/MIAs be declassified and released to the public; and we ask Congress to pass a resolution urging the government of

Vietnam to provide all relevant wartime records and to continue to repatriate the remains of American service members that have been recovered.

Finally, we seek funding for a public awareness program to inform all the families of those still listed as POW/MIA of the need to provide DNA family reference samples for potential identification of recovered remains.

To lose a son or daughter, father or sister or mother or brother is difficult enough for families to deal with. To not know the fate of their loved ones places these families in emotional limbo. We must do all that we can to bring closure to them. And to all of us.

Attach please find as an addendum the VVA 2006 Legislative Agenda & Policy Initiatives brochure.

Thank You To conclude, the members and their families of Vietnam Veterans of America, and the Associates of Vietnam Veterans of America, thank all of you in Congress who have served our nation, and those of you who continue to serve veterans and their families as members of this committee. I will be more happy to answer any question you may have.

Never Again Will One Generation of Veterans Abandon Another