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TESTIMONY

OF

Vietnam Veterans of America
Presented By

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Before the

Committee on Veterans' Affairs
United States Senate

Regarding

VVA Legislative Priorities for the 111th Congress
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Good morning, Senator Akaka, Senator Burr, and other members of this distinguished committee. On behalf of the members of Vietnam Veterans of America and our families, I am pleased to present to you VVA's main legislative priorities for the 111th Congress.

Too often, it seems to many that the government puts off dealing with the healthcare problems of entire generations of veterans. For instance, the Gulf War has been over almost twenty years and the government is finally confronted with evidence that is difficult to refute that there are real maladies associated with military service, illnesses that do not constitute as "syndrome" but are real and debilitating nevertheless. The government's actions are unacceptable. Hence the need for legislative remedies. What follows are priorities that, if enacted and enforced, will, it is our belief and our hope, make the VA more efficient in caring for our nation's veterans.

- Enact legislation to provide Advance Appropriations to fund veterans' health care. On this issue, VVA is in lockstep with the other veterans service organizations that have come together in The Partnership for Veterans Health Care Budget Reform. This is our main priority. If legislation is enacted to make Advance Appropriations for the Veterans Health Administration the law of the land, it will enable VA managers, at VA medical centers and VISNs, to actually plan for the next fiscal year while Congress debates the budget. And, while Congress has been quite generous to veterans in the 110th Congress, as you are well aware, Congress has been late 19 out of the past 22 years in passing the budget. We believe that Advance Appropriations will solve many of the problems encountered by the VHA, and will enable veterans health care to realize a predictable, reliable, sufficient and, perhaps most important, timely funding stream.

- Legislation also should ensure the restoration of eligibility by 2012 for all Priority 8 veterans who choose to use the VA health care system. To ensure that the system can accommodate them, we believe Congress should mandate that the VA increase the income ceiling by \$5,000 every six months. We do not advocate the wholesale entry of Priority 8s into the system, as the system will be overrun. But you will be wise to note that Priority 8 veterans, along with Priority 7s, account for 40 percent of third-party reimbursements into the VA's coffers. To a very great extent, they do pay for themselves.
- Legislation may be needed to transform the VHA to an open, evidence-based system. This should include taking a complete military history for each veteran enrollee and using it in the diagnosis and in treatment modalities. It would also include verifying that all VA physicians and other clinicians complete each of the Veterans Health Initiative curricula in the wounds, maladies, illnesses, and other conditions that derive from military service, e.g., one's branch of service; when one served; his/her M.O.S. (Military Occupational Specialty); where one served and when; and what one actually experienced. This should help transform the VHA into a wellness system that focuses on prevention, early and effective interventions, and innovative methods of motivating enrollees toward healthy lives as well as innovation that evolves into better and more effective treatments.
- Legislation is needed, again, to mandate that the VA finally conduct the National Vietnam Veterans Readjustment Study (NVVRS), which would illuminate the health status, both physical and mental, of Vietnam veterans - men, women, minorities. The VA has consistently refused to do this study, citing what we believe are fallacious reasons. Congressional action, therefore, is very much needed.
- And congressional action is needed to ensure that the VA, as well as the National Institutes of Health, ensure that research is done on the health effects of exposure to Agent Orange, to dioxin. We ask specifically for research into the potential intergenerational effects of a parent's exposure on his/her children and grandchildren. We receive far too many calls from these folks telling tales of birth defects and learning disabilities that they were born with and that have been passed down to their children and they wonder: Could these health problems derive from a parent's exposure in Vietnam to Agent Orange? We wonder this, too.
- Additional legislation will be needed to revamp the VA's compensation and pension system, stipulating the integration of state-of-the-art IT to include artificial intelligence, competency-based testing of all service representatives and adjudicators, and other necessary reforms. Legislation also should be enacted to automatically give veterans who file claims for benefits at least 30 percent if their initial claim is not adjudicated within 90 days, or if their appeal is not decided within 180 days from the time of filing. Additionally, legislation should provide for an across-the-board 25 percent increase in payments for all veterans receiving benefits, including DIC and non-service pensions, to help them negotiate the economic realities in these hard times.
- Legislation is needed that would mandate the creation within the VA of a Veterans Economic Independence Administration, to be headed by an Under Secretary. Such an entity would take responsibility for the Center for Veterans Enterprise, vocational rehabilitation services, veterans preference, and would be given functional control over the Veterans Employment and Training Service, which currently resides in the Department of Labor.

- The VA health care system has evolved principally on the medical needs of the male veterans. However, according to figures supplied by the Department of Defense (DoD), 20 percent of new recruits are women, almost 15 percent of America's active duty military are women, and nearly half of them have been deployed to Iraq and Afghanistan. This has particularly serious implications for the VA healthcare system because the VA itself projects that by 2010, over 14 percent of all veterans seeking VA health care services will be women, compared with two percent in 1997. VVA is requesting congressional legislation to bring into modern times, the delivery of the VA's medical and mental health care for women veterans, which would also ensure that the VA would eliminate disparities in care based on gender. It would also ensure that the resources are appropriated to make steady progress toward the goal of virtually eliminating veterans who are homeless by 2012. Part of the need is for additional authorizing legislation, and part of what is needed is full funding of programs that have been proven to work, such as the DOL Homeless Veterans Reintegration Program (HVRP, which is currently authorized at \$50 million).

These represent our significant priorities. We have as well a wishlist of legislative actions that we will present to you shortly, that focus on specific areas of concern.

Now, I thank you for your interest and consideration of these issues, and I will be pleased to respond to any questions you may have.