JOHN P. ?JP? BROWN, III AMVETS NATIONAL COMMANDER

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BEFORE THE

JOINT HOUSE AND SENATE VETERANS AFFAIRS COMMITTEE

CONCERNING

AMVETS LEGISLATIVE GOALS AND OBJECTIVES OF 2008

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STATEMENT OF JONH P. "JP" BROWN, III AMERICAN VETERANS (AMVETS) NATIONAL COMMANDER BEFORE A JOINT SESSION OF THE COMMITTEES ON VETERANS' AFFAIRS UNITED STATES SENATE UNITED STATES HOUSE OF REPRESENTATIVES

April 3, 2008

Chairman Akaka, Chairman Filner, Ranking Member Burr, Ranking Member Buyer and members of the House and Senate Veterans' Affairs Committee. I am JP Brown, III, National Commander of AMVETS. On behalf of AMVETS, the AMVETS Ladies Auxiliary, the Sons of AMVETS and our other subsidiary organizations, thank you for giving us the opportunity to present our legislative agenda for 2008.

AMVETS (American Veterans) has been a leader since 1944 in helping to preserve the freedoms secured by the Armed Forces of the United States of America. Today, our organization continues its proud tradition, providing not only support for veterans and active duty military service members in receiving their earned entitlements but also countless numbers of community services which enhance the quality of life for this Nation's citizens.

Before I present AMVETS' legislative agenda I want to address an issue of great concern to me. In April of 2007 Major Karl D. Hoerig, a decorated pilot from the war in Iraq was brutally murdered. Accused in the murder is Major Hoerig's wife Claudia C. Hoerig. The case has stalled in light of Mrs. Hoerig returning to Brazil, her native country. I request that each of you support the Department of State and the Department of Justice in extraditing Mrs. Hoerig so she can stand trial for the crime of which she is accused, and allow the family of an American hero to have some closure in this tragic event.

Our guiding principles in setting AMVETS legislative agenda lay in three documents: our annually adopted resolutions, our Legislative Goals and Objectives, and the report from the AMVETS sponsored "National Symposium for the Needs of Young Veterans." The resolutions target specific areas of need that have been voted on and approved by our membership. Our goals and objectives provide an overview of six key areas that AMVETS supports, and lastly, the Symposium report reflex the short comings of both DoD and the VA transition, healthcare and benefits system and provides recommendations to improve or eliminate the short comings.

First and foremost, AMVETS advocates for a veterans' health care system that is sufficient, timely and predictable. It is a testament to the hard work and dedication of the leadership of VA to sustain a health care system that is second to none. They are continually required to work with insufficient, unpredictable, and all too often late funding. Even with these hurdles in place, the VA is recognized by multiple journals and medical associations as having the highest quality, lowest cost, and safest health care service.

To properly prepare for each new fiscal year it is critical to provide the VA health care system with a sufficient health care budget that will allow VA to fully serve our sick and disabled veterans. Sufficient funding is not enough; it will take timely access to funds for the health care system to work effectively. We cannot expect the VA to plan for and care for all of our veterans' needs when there is no real deadline for budget approval. Also, for high-quality care to be provided in a timely manner it must be predictable.

Even though AMVETS has testified to both the House and the Senate Veterans Affairs Committees, I want to reiterate the recommendations of the Independent Budget (IB). AMVETS, along with our IB partners has recommended \$50.2 billion total in discretionary funding for VA. \$42.8 billion is recommended for health care alone. After removing the medical care collections the administration has added into its budget, their figures fall short by \$4.2 billion. Without belaboring the issue sufficient funding for prosthetic research and major and minor construction is critical. If we are going to fund a war we must also provide funding for our warfighters who have voluntarily served and sacrificed. Reducing, in some cases by half, the funding that is needed to provide a full continuum of care and equip our veterans with the most up to date prosthetics and PTSD and TBI research and treatment should not take the back seat to any other federally funded program.

Transitioning from military life to civilian life often comes with difficulties. Included in the idea of a seamless transition is providing educational benefits for those who have served. Education is a top priority for AMVETS. We have entered into scholarship programs with DeVry University, University of Phoenix, and Kaplan University that will provide \$3 million in scholarships that are not only for veterans but in some cases their family members as well.

In addition to these new scholarships, AMVETS has been working closely with Dr. John Schupp, a chemistry professor from Cleveland State University. Dr. Schupp has developed the Supportive Education for Returning Veterans (SERV) program. This program provides assistance from preenrollment to graduation for veterans. Dr. Schupp is assisting veterans in making sure they are receiving the full benefit of their GI Bill and he is providing a support network for the veterans as they readjust to not only civilian life but to life on campus.

Recently, S. 2677, The SERV Act, was introduced and would provide grant money to Universities that want to provide a location on campus where veterans can have a one-stop shop for questions concerning education and disabilities benefits and provide a location where the camaraderie that was present while in the military can continue through their academic years. With the support of volunteer organizations such as AMVETS, this legislation will undoubtedly improve the success rate of our veterans on college and university campuses across the United States

Before we can expect our veterans to succeed, we must provide them with a GI Bill that will give them the financial freedom to attend college. S. 22 fulfills the promise of great educational benefits that we made to our enlistees. We should not look at this bill as a cost we must absorb; we must look at what the cost will be if we do not educate the women and men who have so bravely protected our rights and freedoms.

Messrs. Chairmen, we reaffirm our belief that VA should re-open enrollment for the Priority 8 veterans who are now "locked-out" of the system. Veterans' wrote a blank check to our country when they committed to serve in defense of our nation. Some of the checks were cashed at the highest value, the life of the servicemember from whom it was handed, while others came at a very low cost. However, the fact remains that each have written the check and our government cashed that check; therefore, each of these veterans should have the opportunity to enroll in the health care system that was developed for them. We are encouraged to see proposals that will begin allowing veterans to reclaim access to their health care system, and we look forward in working with both of these Committees in finding a viable solution to this inequity.

We continue to oppose the Administration's request to increase prescription drug co-payments from \$8 to \$15, and establish enrollment fees, and we praise the budget amendment that will prevent these increased cost to our veterans based. AMVETS believes that these proposals will drive veterans from the VA health care system. A loss of VA enrollees would most likely result in a significant decrease in third-party reimbursements. Congress has soundly rejected these proposals in the past, and we ask you do the same this year.

We believe the VA has a special obligation to care for veterans suffering from PTSD. VA operates a network of more than 190 specialized PTSD outpatient treatment programs throughout the country. Vet Centers are seeing a rapid increase in their enrollment. Mental and emotional problems can be just as devastating as physical wounds, but getting a handle on PTSD's extent is tremendously difficult. That's why it is so important that the needs of veterans with mental health be met.

TBI and other serious injuries account for almost 20 percent of the combat casualties sustained by U.S. soldiers and Marines in OEF/OIF. Explosive blast pressure-waves from improvised explosive devices (IEDs) violently shake or compress the brain within the closed skull and cause devastating and often permanent damage to brain tissues. There has been universal recognition that veterans with severe TBI will need a lifetime of intensive services to care for their injuries. However, development of programs to address the needs of veterans with mild, subclinical TBI have not been fully developed or implemented. DOD and VA experts note that TBI can also be caused without any apparent physical injuries if a person is in the vicinity of these IED detonations. Veterans suffering from this milder form of TBI may not be readily detected; however, symptoms can include chronic headaches, irritability, disinhibition, sleep disorders, confusion, executive functioning and memory problems, and depression, among other symptoms. With tens of thousands of IED detonations now recorded in Iraq alone, it is believed that many OEF/OIF service members have suffered mild, but pathologically significant, brain injuries (including multiple concussions) that have gone undiagnosed and largely untreated thus far. TBI and its associated symptoms may be detected later only if proper screening is conducted.

AMVETS believes the true measure of success will be the extent to which the most severely injured veterans are eventually able to recover, or achieve stability of function at home or in the least restrictive, age-appropriate continuing care facilities provided by VA. The VA should support research into the long-term health consequences of traumatic brain injury and mild TBI in OEF/OIF veterans as well as establish a broader research portfolio of studies of TBI prevention and treatment. Research studies of injured OEF/OIF veterans, compared to similar injuries in previous generations of combat veterans, are needed. To ensure a smoother transition for veterans with TBI and their caregivers, VA should provide additional assistance to immediate family members of brain-injured veterans, including additional resources for improved case management, respite, training, counseling, and other necessary services, and continual follow-up. The goal of achieving optimal function in each individual TBI patient requires improved coordination and interagency cooperation between the DOD and VA. Veterans should be afforded the best rehabilitation services available and the opportunity to achieve maximum functional improvement so they can eventually reenter society or at minimum achieve stability of function in an appropriate healthcare or residential setting.

AMVETS is also opposed to increasing TRICARE premiums and deductibles. The unique package of military retirement benefits - to include premium health care coverage - is a benefit that is extended to military retirees for enduring a career of personal and family sacrifice. It is also important to recognize that rising health care costs are a national problem and not a reflection of misuse or over use by the military community. Simply put, the growing cost of military health care is indicative of the overall national trend, and this cost should not be placed on the shoulders of those who dedicated their lives to service.

AMVETS considers it a gross injustice for disabled military retirees to forfeit a dollar of their retired pay for every dollar they receive in VA disability compensation. A disabled veteran who has served this country for 20 years should not be penalized for choosing a military career over a civilian career. In fact, no other category of federal employee faces the same restriction on disability and retirement pay. Again, because of action by some on this Committee, Congress has enacted legislation to incrementally correct this inequity. We thank you for these past efforts and we would urge this Congress to fully enact concurrent receipt legislation.

AMVETS firmly believes that service-connected disabled veterans should receive fair, timely, and appropriate compensation for their injuries. We fully support initiatives that would raise the rates of veterans' compensation to keep pace with the rising cost of living in this country or

efforts to automatically increase veterans' disability benefits each year by the Consumer Price Index (CPI), without an act of Congress.

AMVETS is working with a broad coalition of VSOs and we are committed to ensuring full access to employment opportunities for our nation's veterans. It is important that programs and policies at the federal level continue to help veterans establish private businesses, and give them priority in employment opportunities. We believe the Transition Assistance Program (TAP) is a quality program, but resources need to be readily available and easily accessed so veterans can be reminded of and get further direction on their benefits. This is especially true for our Guard and Reserve veterans who spend three fast-paced days being given lectures on their benefits within a week of returning from a theater of operation, and these citizen warriors will not have contact with military personnel for at least 90 days when they begin their Guard or Reserve duties. Ensuring they have the resources to find help when they need it must continue to be a priority.

Countless numbers of National Guard and Reserve troops return from the war only to encounter difficulties with their federal and civilian employers at home. AMVETS encourages Congress to explore ways to provide transition assistance after separation. We would also encourage continued oversight over the Uniformed Services Employment and Reemployments Rights Act.

We are greatly disappointed that Congress authorized private attorneys to access VA and charge veterans for representation in veterans' disability claims. The Veterans Benefits Administration has indicated allowing attorneys to represent veterans will only complicate and lengthen the resolution of veterans' disability claims. AMVETS has 53 National Service Officers located across the country whose sole job is to aid veterans with their claim. We can provide - free of charge - a more thorough and complete representation for veterans and their families. We do not have any financial interests in a claim and we know the VBA system. I ask that this Committee review its decision, and rescind the measure.

The disability claims backlog continues to increase and has reached a mark of over 640,000. Rather than making headway and overcoming the chronic backlog, VA has lost ground on the problem. By VA's estimates, over 838,000 veterans sought VA services in 2007; most of them will want to file a claim. This is an increase of 45% since 2000.

The reasons for the claims backlog are many - veterans repeatedly filing claims, a lack of quality control, misplaced or lost documentation and a lack of staffing. Overall, AMVETS believes that a lack of quality control is central to this issue. VA must establish a long-term strategy focused on attaining quality and not merely achieving quotas in claims processing. VBA can greatly reduce the backlog by hiring more staff, initiate quality training programs, and most importantly, institute an accountability program. Therefore, AMVETS recommends funding levels in Fiscal Year 2009 which are adequate to meet the real staffing and technological needs of the VBA.

Congress should also encourage the continued collaboration and sharing of electronic medical records. AMVETS fully understands that the VA and DOD are two distinct and separate health care systems. While there has been progress in the sharing of electronic data between the two agencies, progress is still limited. The technology is clearly available for complete electronic medical records collaboration and now is the time for this to become a system-wide reality.

AMVETS is also concerned with not only the claims backlog but also the disparities from one region to the next. AMVETS suggests three recommendations which will assist in narrowing the disparities in claims and reduce the backlog. First, a centralized training facility that will be tasked with teaching new raters and DROs in a standardized outlined process in filing and reviewing claims. This will remove much of the regional personality that affects the disparity in the claims at the rater/reviewer level. Secondly, there needs to be improved oversight of both the rater/reviewer and the C&P doctors. In regard to the C&P, oversight should be in place to ensure the examiner's guide is being utilized. This could be done through a "whistle blower" program that will allow veterans to feel safe in identifying C&Ps who are misdiagnosing claimants, or any other mechanism that could track validity of physical exams. Oversight could be improved in the rating and review of claims also. A system needs to be developed that will not only ensure claims are being filed, but that claims are being filed properly and completely. H.R. 3047 makes efforts to improve the credit received system under which the DROs and RVSRs currently work. This legislation would not credit a regional office for a claim until the expiration of the appellate period. This system or a system that monitors the ratio of cases remanded or overturned to the total number of cares referred is essential to improving the claims process. Lastly, understanding this is a two to three year process, hiring more staff to reduce the burden of the backlog is critical. There is no single, simple solution to the disparity problem, but identifying the roots of the problem and tasking VA with finding solutions to these problems is critical if improvements are going to be recognized in the claims system.

Mr. Chairman, the National Cemetery Administration (NCA) has done a tremendous job of improving the character and condition of our nation's cemeteries. However, the system continues to be seriously challenged. Adequate resources and developed acreage must keep pace with the increasing demand. The NCA expects to perform 115,000 interments in 2009, an 8.7 percent increase over the current year. AMVETS strongly recommends that Congress establish a 5-year \$250 million National Shrine Initiative to restore and improve the conditions of our national cemeteries.

AMVETS also feels it is time to review a series of burial benefits that seriously eroded in value over time. Burial benefits were never intended to cover the full cost of burial. However, these costs now only cover about 6 percent of what they covered in the early 1970s. With a few modest adjustments, these benefits will make a more meaningful contribution to the burial costs for our veterans.

AMVETS supports legislation that would award a military service medal to members of the Armed Forces who served honorably during the Cold War Era. Presidents going back to Truman have recognized the significance of the Cold War. By creating the Cold War Victory Medal, this nation would certainly demonstrate its great respect and appreciation for the men and women who carried the burden of this policy.

As a member of the Citizens Flag Alliance, we continue to strongly support a constitutional amendment to protect our most sacred symbol. All 50 state legislatures have passed resolutions asking Congress to submit the flag amendment for ratification. We hope that a new flag protection amendment bill will be introduced and voted on quickly this Congress. It is time the voice of the American people be heard on this issue.

I would now like to briefly highlight some quality programs within the AMVETS organization that are making a difference in local communities. Since its inception in the 1950s, the AMVETS National Scholarship Program has awarded more than \$2 million in scholarships to graduating high school students. For the past 20 years, AMVETS has sponsored a youth leadership program in cooperation with Freedoms Foundation at Valley Forge, Pennsylvania, that has served more than 800 youth to date.

At the Department of Veterans Affairs, AMVETS is proud to serve on the National Advisory Committee of Veterans Affairs Voluntary Service Program. Last year, more than 2,700 AMVETS, Ladies Auxiliary and Sons volunteers tallied over 186,122 hours of voluntary service at 146 VA Medical Centers. In addition, some 95,503 AMVETS from across the country invested more than 703,608 hours in helping veterans, the active military including the Guard and Reserves, and providing an array of community services to enhance the quality of life for our nation's citizens. I am pleased to report that based on The Independent Sector Formula, AMVETS provided a total in excess of \$28 million in voluntary service. These are just a few examples of the good work our people are doing out in the field.

Mr. Chairman, our obligations are many. I look forward to working with all of you to ensure the long-term sustainability of our veterans programs.

Again, thank you for extending me the opportunity to appear before you today, and thank you for your support of veterans. I hope all of you will be able to join us tonight for our annual congressional reception and Silver Helmet presentation to The Honorable Patty Murray of Washington, to be held in room 385 of the Russell Senate Office Building from 5:00 to 8:00 p.m.

This concludes my testimony.

Thank you.