

ALLEN E. FALK, NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE USA

LEGISLATIVE PRIORITIES OF THE
JEWISH WAR VETERANS OF THE USA

As Presented By
ALLEN E. FALK
NATIONAL COMMANDER

INTRODUCTION

Chairman Miller, Chairwoman Murray, and Members of the House and Senate Committees on Veterans' Affairs, my fellow veterans and friends, I am Allen E. Falk, the National Commander of the Jewish War Veterans of the U.S.A. (JWV). JWV is Congressionally Chartered and also provides counseling and assistance to members encountering problems dealing with the Department of Defense (DoD), the Department of Veterans Affairs (VA), and other government agencies. JWV is an active participant in The Military Coalition, a select group of over 30 military associations and veterans' organizations representing over five million active duty, reserve and retired uniformed service personnel, veterans, families, and survivors on Capitol Hill. In fact, I am very proud that our National Executive Director, Colonel Herb Rosenbleeth, who is here with me today, is the President of the Military Coalition.

On March 6th, 7th and 8th, our National Executive Committee members were here in Washington to meet with their Representatives and Senators as part of JWV's Capitol Hill Action Day(s). Our members prepared diligently for these important meetings and successfully presented many of JWV's legislative priorities to your colleagues, their members of Congress and congressional staff.

Members of the committee, it was a singular honor for me to present the prestigious JWV Medal of Merit to you, Chairman Miller (R-FL), at our Congressional Reception during our days on Capitol Hill. It was equally rewarding to JWV to have so many of you participate with us! JWV's presentation to the Chairman of the House Foreign Affairs Committee reflects our strong interest in and great concern for world events. While we advocate health care and compensation for veterans, JWV is also deeply involved in U.S. interests overseas. We must be always vigilant to protect the freedoms won by our brave veterans!

Also Madame Chairwomen, I recall with the greatest pride and pleasure that we presented you with the JWV Medal of Merit at our Congressional Reception in 2006. Our sincere congratulations to you on your subsequent selection as Chairwoman of the Senate Committee on Veterans' Affairs.

Mr. Chairman, on March 15th, we at JWV celebrated our 116th birthday. For all of these 115 years, JWV has advocated a strong national defense, and just and fair recognition and compensation for veterans. The Jewish War Veterans of the USA prides itself in being in the

forefront among our nation's civic and veterans groups in supporting the well-earned rights of veterans, in promoting American democratic principles, in defending universal Jewish causes and in vigorously opposing bigotry, anti-Semitism and terrorism both here and abroad. Today, even more than ever before, we stand for these principles. The Jewish War Veterans of the U.S.A. represents a proud tradition of patriotism and service to the United States of America.

As the National Commander of the Jewish War Veterans of the USA (JWV), I thank you for the opportunity to present the views of our 100,000 members on issues under the jurisdiction of your committees. At the conclusion of JWV's 116th National Convention in Jackson, Florida, our convention delegates adopted our resolutions for the 112th Congress. These mandates establish the legislative agenda for JWV during my year as National Commander.

JWV believes Congress has a unique obligation and compelling opportunity to ensure that veterans' benefits are regularly reviewed and improved to keep pace with the needs of all veterans in a changing social and economic environment. JWV salutes the Chairs and Members of both the House and Senate Veterans' Affairs Committees for the landmark veterans' legislation enacted over the past several years. Eligibility improvement, patient enrollment, long-term care, access to emergency care, presumptive Agent Orange disability, enhanced VA/DoD sharing, improved preference rights of veterans in the federal government and other records recognize the debt this great country owes to those who have so faithfully served.

We must improve access to veterans' health care, increase timeliness in the benefit claims process, and enhance access to national cemeteries and to state cemeteries for all veterans.

NO GOVERNMENT FUNDING

For the record, the Jewish War Veterans of the USA, Inc. does not receive any grants or contracts from the federal government. This is as it should be.

THE MILITARY COALITION

JWV continues to be a proud member and active participant of the Military Coalition (TMC). PNC Robert M. Zweiman, JWV's National Chairman, serves on the Board of Directors of the Coalition and, again, our National Executive Director, Colonel Herb Rosenbleeth, USA (Ret), continues to serve as the President of the Military Coalition and as Co-Chair of the Coalition's Membership and Nominations Committee.

JWV requests that the House and Senate Committees on Veterans' Affairs do everything possible to fulfill the legislative priorities of the Military Coalition which are applicable to your committees. These positions are well thought out and are clearly in the best interests of our military personnel, our veterans and our great nation.

THE PARTNERSHIP FOR VETERANS HEALTH CARE BUDGET REFORM

JWV is proud to be a member of the Partnership for Veterans Health Care Budget Reform. The Partnership is a coalition of nine veteran service organizations which meets regularly at the DAV. JWV fully supports the partnership's two main concerns, i.e., the quality, accuracy and the timeliness of VA claims, and the threat to advanced funding for the VA. Our thanks to Peter Dickinson and Joe Violante of DAV, for their outstanding leadership and expertise.

MANDATORY FUNDING

JWV continues to maintain that the Congress has an unbreakable obligation to its veterans. Adequate VA funding must be guaranteed by the Congress.

This country has a sacred obligation to those who have served and defended our nation to fully provide for their needs when they return from battle. Mandatory funding is necessary so that all category eights receive the care they need, so that veterans receive long term care, and so that VA medical research will be second to none! This is especially important now that we know more about the real challenges and expenses resulting from injuries to the brain, eyes, amputations, and other catastrophic injuries.

Only when the VA not only knows in advance the level of its funding but also knows with certainty that its funding levels will be adequate for all of its requirements can our veterans be assured that all of their health care needs can and will be met.

IRAQ AND AFGHANISTAN VETERANS

One of the greatest concerns of the Jewish War Veterans at this time is to assure that our servicemen and women returning home from Iraq, Afghanistan, and other overseas duty are being provided with the very best assistance available to them.

This is not merely a matter of convenience and comfort. The list of serious problems they face today is substantial:

Our present poor economic conditions have resulted in a rate of unemployment for veterans much higher than non-veterans. According to the US Bureau of Labor Statistics, veterans aged 18 to 24 had a 30.4 percent jobless rate compared to 15.3 percent for non-veterans in the same age range. These figures are disappointing, especially in view of the protections in the Uniformed Services Employment and Re-employment Rights Act.

There are a lot reasons why this employment gap is emerging. Our youngest veterans may not yet have the skills that many employers find essential, like college educations and experience in office settings. They also have to contend with employees who may unfairly fear the aftereffects of service in a combat zone. As young veterans make the transition to civilian life, it is important that programs exist to help ease this change. The new Veterans Jobs Bill, which includes credits

for employers who hire veterans and an extra year of GI Bill benefits for employed veterans, gives some additional assistance to unemployed veterans. More needs to be done and more should be done. These are the men and women who volunteered to serve our country - every single one of them should have the resources they need to find permanent employment after his or her service.

There are many family and relationship issues resulting from multiple deployments. Any veteran who has spent a substantial period of time separated from loved ones can understand the additional stress resulting from multiple deployments. Family members can never be sure if, and when, this can occur. This is especially true in the Reserve and National Guard components.

- Health and medical problems caused by exposures in combat areas. Medical advances have reduced the number of fatal injuries in combat. But the extensive use of improvised explosive devices by the enemy has caused a great number of serious injuries, burns, amputations, and brain damage.
 - Depression and anger from the above conditions has resulted in a large number of cases of post traumatic stress being reported in returning veterans. They often have problems transitioning from constant "adrenaline alerts" to "boring routines" back home. In addition, only 1% of the US population is presently serving in all of the armed forces. This can result in social and cultural differences with those who have never served. Unfortunately, these factors have contributed to a very high suicide rate amongst our returning vets.
- I urge our membership at every echelon to bring up these issues as soon as possible and report back to me about successful programs for returnees. We at National will pass on this information.

We also will, through our active participation in The Military Coalition, work with all the other major veterans organizations to assure our military returnees receive the maximum assistance they so rightly deserve.

RETURNING VETERANS

This nation has sent hundreds of thousands of young men and women into some of the toughest fighting and harshest conditions ever faced by U.S. military personnel.

Now these returning veterans are facing high unemployment, homelessness, and serious family and relationship issues due to or aggravated by these often repeat combat tours, and sometimes devastating health and medical problems such as PTSD and TBI. This country must provide sufficient funding to solve these issues.

TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI) is often called the signature wound of the Iraq and Afghanistan

wars. TBI occurs when a sudden trauma or head injury disrupts the normal functions of the brain. Common causes of TBI for military personnel include falls, vehicle accidents and explosive devices. Most reported TBI among Operation Enduring Freedom and Operation Iraqi Freedom service members and veterans has been traced back to improvised explosive devices, or IEDs, used extensively against Coalition Forces. Our Armed Forces in Iraq and Afghanistan have sustained repeated attacks from weapons such as rocket propelled grenades and land mines in addition to IEDs. Battle injuries from these attacks often result in a TBI. Over half of reported TBIs are blast related. Of the servicemembers who required medical evacuation for these battle related injuries to Walter Reed Army Medical Center from January 2001 to March 2008, 32% were diagnosed with TBI. Army Vice Chief of Staff Peter Chiarelli recently reported that the Army had over 126,000 diagnosed cases of TBI from 2000 to 2010. That included more than 95,000 mild cases such as concussions, 20,000 moderate cases and more than 3,500 with severe, penetrating injuries.

Not all blows or jolts to the head will result in a TBI. The severity of such an injury may range from “mild” i.e., a brief change in mental status or consciousness to “severe”, i.e. an extended periods of unconsciousness or amnesia after the injury. Each of the different forms of TBI, mild, moderate and severe, display different symptoms. It is imperative that service members in a combat zone be screened for mild TBI as early as possible as TBI and PTSD symptoms may initially be very similar. Early intervention is important to speed recovery and maximize functional outcomes. The initial focus of treating a TBI is to stabilize the injured service member in order to minimize secondary complications. After individuals with moderate or severe TBI have been stabilized, the treatment plan generally involves rehabilitation efforts to teach patients who continue to have medical and functional problems how to cope with their specific injury-related symptoms. Most existing research on TBI is focused on injuries sustained from automobile accidents and more research is needed on combat related traumatic brain injuries where service members may experience more than one blast episode.

TBI is a complex brain trauma, experienced differently by each person depending upon several unique characteristics, such as the type of injury and an individual’s personal health and resilience. While it is true that most service members who suffer traumatic brain injuries return to duty, individuals with severe TBIs may need inpatient care at a military treatment facility (MTF) a VA polytrauma hospital, or a civilian rehabilitation center. Data has also shown that having a TBI increases the risk for suicidal behavior. In comparison to the general population, TBI survivors are at increased risk for suicide attempts and death by suicide.

The Jewish War Veterans supports efforts by the Department of Defense and the Department of Veterans Affairs to fund increased research efforts into the most effective and feasible ways to prevent TBIs in theatre and to develop a range of rehabilitation interventions for those personnel who are impacted by IED and other TBI injuries.

POST TRAUMATIC STRESS

Stress is a normal response of the body and mind. While stress is normal, there are some stressors, such as military combat, when the body's instinct to defend itself may be challenged by witnessing or experiencing traumatic events involving a direct or indirect threat of serious injury or death. These traumatic events may be experienced alone, or in the company of others, as in military combat operations. Feeling stress in a war zone has been called "a normal reaction by a normal person to an abnormal event". Post Traumatic Stress Disorder, which is commonly referred to as PTSD, is a psychiatric condition which some soldiers develop after they have experienced or witnessed some very traumatic and sometimes life-threatening events or stressors as a result of military combat. Some researchers and clinicians define PTSD as a failure to recover from that psychiatric disorder.

Our troops in Iraq and Afghanistan who have repeated and prolonged exposure to the combat stressors of killing, maiming, and dying are much more likely to generate the risk of developing PTSD symptoms and to bring those problems home. It is common for anyone participating in combat, or seeing its aftermath, to be filled with complicated and conflicting emotions – including fear, sadness, and horror – all legitimate reactions to the combat experience. These strong feelings are a natural reaction to being confronted with danger. Memories of those stressful events may be so strong that they impair an individual's ability to perform day to day functions, interact normally with family and friends, and maintain gainful employment.

Observers have noted that there may have been no war better designed to produce combat stress and trauma than Operation Iraqi Freedom which was a round the clock, unrelenting danger zone. Nearly half of Afghanistan and Iraq veterans treated by the Department of Veterans Affairs suffer from mental health issues, and PTSD is the most common, affecting nearly 200,000. According to Army Vice Chief of Staff Gen. Peter Chiarelli "post traumatic stress remains a particularly difficult and prevalent injury coming out of this war". Estimates of the incidence and prevalence of PTSD vary; however, health care experts say that the wars in Afghanistan and Iraq have produced more diagnosed cases of PTSD per capita than any other war in our nation's history. Estimates by organizations including Stanford University and the Rand Research Center contend that about one-third of the nearly 2 million men and women who have served in Iraq or Afghanistan have suffered from PTSD. Calling PTSD an epidemic, the Army estimates that there could be 472,000 service members with the condition, half of them in the Army. Individual or group therapy, in addition to some medications, may be used in the treatment of PTSD. Therapy helps those with PTSD work through the traumatic events and feelings that caused the condition. Certain antidepressant medications and mild tranquilizers are at times prescribed to help lessen some of the painful symptoms associated with PTSD.

The Jewish War Veterans supports efforts by the Department of Defense and the Department of Veterans Affairs to fund research efforts testing therapies that will help our service members overcome the debilitating symptoms of PTSD. Among these therapies currently being investigated are Cognitive Rehabilitation Effectiveness, Exposure Therapy, and Hyperbaric Oxygen Treatment.

MILITARY AND VETERAN SUICIDES

According to the Center for a New American Security's Suicide report, Military suicides have increased since the start of the wars in Iraq and Afghanistan. The surge in suicides, which have risen five years in a row up until 2011, has become a major problem for the US military. New research suggests that repeated combat deployments seem to be driving the suicide surge. About a third of Army suicides happen in war zones, and another third are among personnel who had never deployed. However, two-thirds of Army suicides have deployed, many returning home with emotional disorders such as PTSD, which make them prone to take their own lives. Army Vice Chief of Staff General Peter Chiarelli informed the House Armed Services Committee in December 2010 that "The greatest single debilitating injury of soldiers returning from Iraq and Afghanistan is post traumatic stress".

Nearly 1 in 5 soldiers comes home from the wars reporting symptoms of PTSD. Marine Corps suicide statistics are reported differently than the Army's and are not easy to intermingle with the Army's figures, however, Marine Corps suicides increased from 2006 to 2009, though it dipped slightly in 2010. The Army reported that for 2011 suicides decreased about 10% from the previous year, however, within that total the number of active duty soldier suicides reached an all time high of 164 soldiers, 5 more than 2010 and two more than 2009. The Army saw an increase in the number of soldiers hospitalized for suicidal ideation – from 1,500 hospitalizations in 2007 to more than 3,500 in 2010. It appears that Army emphasis on getting the soldiers help that they need may explain the increase in hospitalizations and the modest decrease in suicides.

Because of repeated deployments of Regular Army as well as National Guard and Reserve soldiers to the combat zone, there has been a documented increase in PTSD among our military. The combination of repeated combat exposure and ready access to weapons can be lethal to anyone contemplating suicide. About half of soldiers who kill themselves use weapons, and the figure rises to 93% among those deployed in war zones. It appears the military finds itself in a Catch 22 situation as combat increases fearlessness about death and the capability for suicide. The very qualities for soldiers to be successful in combat are also associated with increased risk for suicide.

It has been suggested that the Army's most effective suicide-prevention strategy would be to make its troops suicide-resistant rather than trying to intervene once soldiers have decided to kill themselves. General Chiarelli stated that the Army's goal is more aimed at "holistically improving the physical, mental and spiritual health of our soldiers and their families than solely focusing on suicide prevention". Additionally, the Army has launched a five year study with the National Institute of Mental Health to identify possible suicide indicators, in order to enable soldiers most at risk to get the help they need. The Army has recently rewritten its Army Suicide Prevention pamphlet and created numerous task forces and suicide-prevention programs. Combat veterans will undergo twice as many mental health screenings under the new Defense Authorization Act for 2012, That law requires troops who deploy to contingency operations to receive a mental health assessment within 120 days before deploying, another 90 to 180 days after returning from deployment, a third within a year after returning, and a fourth 18 to 30 months after returning. The assessments aim to identify mental health concerns such as post-traumatic stress disorder and suicidal ideation.

The Jewish War Veterans supports the efforts by the Department of Defense and the Department of Veterans Affairs to develop ways of intervening before veterans act on their suicidal ideation. To that end the JWV supports the VA's National Suicide Call Center which has received thousands of calls from veterans referring many to local VA suicide prevention coordinators for same-day or next-day service. Suicide among veterans is double the rate as it is in the regular population. It is triple the rate among Iraq and Afghanistan veterans who generally comprise a younger population of veterans. Therefore the JWV strongly supports expanding crisis hotline services through the development and utilization of texting and social media outlets, technologies increasingly adopted by our younger veterans.

CLAIMS BACKLOG

The VA disability claims backlog has reached nearly one million cases. Veterans must wait approximately a half a year to find out whether their claim has been processed. Veterans currently wait far too long to receive benefits for disability.

At no time in recent history has so much attention been focused on VA's Compensation and Pension delivery mechanisms. VA is struggling under an outrageous backlog of claims, and facing volume of an unprecedented level.

As the country struggles to cope with returning veterans from two wars overseas and an aging population of veterans of our previous wars, VA's performance has been found wanting by nearly all concerned stakeholders.

VA must be authorized adequate technology and sufficient claims processors to be able to speed up the process. The wait must be reduced.

JWV endorses coordinated, comprehensive approach to improve quality of claims decisions and timeliness.

- Claims workers. Monitor VA actions to hire / train high-quality claims workforce.
- Automate technologies supporting claims. Support various 'back office' process claims initiatives in VA "test bed" sites.
- Presumptive Service Connection. Promote distribution of 'brown' and 'blue' water Navy ship logs as they become available for TMC members to apply for Agent Orange-related diseases. Support passage of S. 1629 (Sen. Gillibrand), the Agent Orange Equity Act of 2011, to establish eligibility for presumptive service-connection for 'blue water' Navy Vietnam-era sailors.

- Defend against budget-based attacks on VA claims-processing laws and system.
- Monitor ongoing DOD disability review process under USAF Executive Agency, as established by Congress, to provide a fair re-look for servicemembers whose Service disability ratings were low-balled.
- Support modernization of the VA Schedule of Rating Disabilities based on current medical science

BLINDED VETERANS

Blinded veterans are of special concern to JWV. The large number of IED explosions in Iraq and Afghanistan have led to a huge number of eye injuries and blinded veterans. In fact, orbital blast globe injuries, optic nerve injuries, and retinal injuries have been all too common. JWV strongly urges the congress to insure adequate funding to care for our thousands of veterans with eye injuries.

VA BUDGET

The business of government must not be calculating how to cut from what we do for veterans, but rather how we can ensure what we do is delivered without fail and without delay.

America may suffer, but America will not be broken so long as we keep faith with those who serve. We cannot look to the military and veterans of America for cheap savings in the short term, or we will surely feel the effects of the weakening of the foundations of this country in the long run.

Our military and veterans made this country great, and the Jewish War Veterans remains dedicated to the principle that sound investment in a strong national defense, and fulfillment of the sacred duty to provide for those who bear the battle, will carry us as a country through whatever storms may come.

VA HEALTH CARE

It is unclear whether veteran's health care funds are, in fact, protected from possible automatic, across the board cuts in federal spending which could begin in 2013. Sequestration is not covered in the new VA budget.

- With the VA health care budget of about \$51 billion which serves 6.2 million patients, a sequester could result in a one billion dollar cut. No funding shortfall should be covered by VA co-pay increases or by denying care to any category of veteran.

- Sustain VA advance health care appropriations to ensure fully-funded access to care for returning Iraq and Afghanistan veterans, and veterans of all conflicts.
- Urge investment, training and cultural awareness in the VA health system of the unique health needs of women veterans. Ensure full implementation of all VA Caregivers Law (P.L. 111-163) provisions, including those supporting women veterans.
- Extend the VA Caregivers Act to full-time Caregivers of catastrophically disabled veterans of conflicts before Sept. 11, 2011
- Support programs and funding to expand / improve care, rehabilitation and research for veterans suffering from PTSD / TBI. Increase behavioral health staff and resources including outreach to address rising suicide rate in veterans
- Oppose fee hikes for currently enrolled veterans in all categories.
- Urge completion of VA strategic plan for rural veteran access to care and services
- Support further collaboration of DoD – VA to achieve real "seamless transition" for injured, ill and wounded warriors as well as other service members and veterans transiting the two systems; preserve integrity and access to both systems for dually eligible members.
- Enact technical amendment to establish CHAMPVA entitlement for adult children of survivors eligible for CHAMPVA as required in the National Health Care Reform Act.
- Support passage of OIF / OEF 'burn pit' registry and other toxic exposure registries as necessary to track long-term health effects of deployments in Iraq and Afghanistan
- Expand VA research including research into the etiology, diagnosis and treatment of gastrointestinal and respiratory syndromes that are increasing among OIF / OEF veterans
- Support research on the long-term health of veterans' progeny
- Urge passage of corrective legislation to authorize Medicare / Medicaid reimbursement to State Veterans' Homes to offset cost of care.

LONG TERM CARE

As the VA care shift from an inpatient to an outpatient system, VA must ensure the needs of our aging veteran population are being met.

JWV believes that VA should take its responsibility to America's aging veterans seriously and provide the care mandated by Congress. Congress should do its part and provide adequate funding to VA to implement its mandates.

JWV recommends Congress provide designated funding for Long-Term Services (i.e. staffing, capacity, and program development).

AGENT ORANGE BENEFITS EXPANDED TO OTHERS

The Department of Veterans Affairs refuses to recognize that men and women who served on ships off the coast of Vietnam and other sites in Southeast Asia were exposed to Agent Orange as well as other toxins.

The Department's refusal to recognize that these service members were exposed by air currents, polluted drinking water, handling toxin tainted items such as clothing, airframes, etc. The main reason for the Department's stance appears to be monetary rather than scientific or compassionate. The men and women suffering from the results of toxic poisoning arising out of their military service are now being denied the medical services they desperately require because of the stance by the Department of Veterans Affairs.

Therefore, the Jewish War Veterans of the USA calls upon Congress to designate any veteran who served anywhere proximate to where any toxin was used manufactured or distributed to be presumptively eligible for services and benefits deemed a disabled veteran.

ENDING HOMELESSNESS FOR VETERANS

Two years ago, VA Secretary Eric Shinseki announced VA's commitment to a five-year plan to end veteran homelessness. Committed to the ideal that "no one who has served this nation as veterans should ever be living on the streets," Shinseki unveiled a multi-billion dollar plan that seeks to understand, end and prevent future homelessness. According to figures released this summer by VA, the average number of veterans who are homeless on any given night has dropped from over 131,000 in 2009 to 75,700 in June of 2010. This represents an important and commendable first step, but we cannot let up on this effort as we begin to address the most difficult and entrenched cohort of veterans within the homeless population. These figures clearly show the approach is working at reducing homeless numbers, so we must ensure these efforts continue until we can end the national embarrassment that created a scenario where nearly one of every four homeless is a veteran who once served in the Armed Forces.

It appears that today there are at least 150,000 Iraq and Afghanistan veterans homeless or in programs aimed at keeping them off the streets.

The Department of Veterans Affairs had stated that this number has tripled since 2006, and that

70% of these veterans have psychological problems because of their combat exposure, and 13% of these homeless veterans are women.

Therefore, the Jewish War Veterans of the USA demands that the Department of Veterans Affairs and State governments immediately take all steps necessary to provide services to transition these homeless veterans back into society.

OPPOSITION TO TRICARE COST INCREASES

The Department of Defense (DoD) seeks increases to TRICARE costs for military retirees. JWV members are strongly opposed to DoD's proposals concerning TRICARE fee increases. This is a powerful moral commitment that has been made to our military personnel that must not be broken. DoD has failed to keep faith with military personnel.

Those who wear the uniform of their country for twenty or more years are, for all practical purposes, enrolled in a 20- to 30-year pre-payment plan that they must complete to earn lifetime health coverage. In this regard, military retirees and their families pay enormous "up-front" premiums for such coverage through decades of service and sacrifice. Once that pre-payment is already rendered, the government cannot simply ignore it and focus only on post-service cash payments – as if the past service, sacrifice, and commitments had no value.

DoD and the nation – as good-faith employers of the trusting members from whom they demand such extraordinary commitment and sacrifice – have a reciprocal health care obligation to retired service members and their families and survivors that far exceeds any civilian employer's.

JWV is strongly opposed to any increases whatsoever in TRICARE costs for career military personnel. Only Congress can now preserve TRICARE benefits.

HEALTHCARE DISPARITIES

The Department of Veterans Affairs Center for Minority Veterans Advisory Panel has repeatedly identified a serious disparity between the quality of services made available to female and minority veterans as compared to all other veterans.

The National Institute of Health has identified this disparity of services as the number three issue among its top five priorities at the Department of Veteran Affairs. This pattern of a lower quality of health services for the poor, disadvantaged, female and minority ethnic and racial groups equates to higher levels of morbidity and mortality. The Jewish War Veterans of the USA finds such disparity unconscionable and inexcusable.

Therefore, the Jewish War Veterans of the USA demands that Congress and the Department of Veterans Affairs immediately take any and all steps necessary to close this disparity of services.

CORRECT THE SURVIVOR BENEFIT PROGRAM (SBP)

Survivors of military retirees who die of service-connected causes and who paid into SBP, and survivors killed in active-duty, should receive both SBP and DIC (Dependency and Indemnity Compensation) benefits without the current dollar for dollar offset. JWV strongly supports legislation to end this offset.

JWV strongly supports HR 178, The Military Surviving Spouses Equity Act, which would correct this inequity.

MIA/POW

JWV has always been an ardent, active supporter of the National League of Families of American Prisoners and Missing in Southeast Asia. JWV will always remember those who are still unaccounted for and their families. We fly the MIA-POW flag in the lobby of our headquarters and place that flag in front of our meeting rooms.

JWV specifically advocates adequate funding for the Joint Prisoners of War, Missing in Action Accounting Command (JPAC) and the continued accounting for all those still missing from the Vietnam conflict until each and everyone is accounted for.

PROTECT EARNED VETERANS' BENEFITS

- Promote public and political recognition that veterans' benefits are earned through service and sacrifice in defense of the nation and are not "entitlement" or "social welfare" programs
- Oppose deficit-driven political decisions that would lump earned veterans' benefits with unrelated civilian entitlement programs
- Reject political pandering that would ask veterans to do their "fair share" in overcoming national economic woes
- Support final passage of the Honor America's Guard-Reserve Retirees Act (S.491 / H.R. 1025) to establish that career members of the Guard and Reserves who are entitled to a reserve pension, TRICARE and earned veterans' benefits, but never served on Title 10 Federal active duty, are "veterans of the Armed Forces" under the law.

UPGRADE VETERANS' EMPLOYMENT, EDUCATION AND TRAINING PROGRAMS

- Monitor implementation of the "VOW to Hire Heroes Act of 2011," which upgrades transition support services, employment assistance, and targeted employment training assistance for military men and women and veterans.
- Support other initiatives for employers to recruit, hire and retain veterans including returning veterans of the Guard and Reserve.
- Vocational Rehabilitation and Employment (VRE) benefits. Upgrade VRE to ensure parity with P911 GI Bill by establishing a cost-of-living (housing) stipend.
- Support VA plan to reduce / eliminate veteran homelessness
- Survivors and Dependents Educational Assistance. Authorize Survivors of OIF / OEF Post-9/11 GI Bill benefits (Chap. 33, 38 USC), the same benefit available to their dependent children.
- Raise DEA (Chap. 35) rates for pre-11 Sept. 2001 Survivors to match the Montgomery GI Bill; establish a housing stipend for DEA.
- Support legislation that promotes veterans' success in their use of GI Bill benefits; upgrade 'consumer education' resources for military students and student veterans; demand greater transparency and oversight of all GI Bill programs including tracking outcome metrics of all public, private, and proprietary programs
- Authorize transfer-of-benefits under the P911 GI Bill from catastrophically disabled veterans to their full-time Caregivers in cases where a transfer action did not occur prior to the veterans' medical discharge or retirement
- Basic Reserve GI Bill benefits. Urge proportional upgrades to Title 10 Reserve GI Bill program to keep pace with cost of education.
- GI Bill Integration for 21st Century Force. Urge hearings for a unified architecture for all GI Bill programs for active duty, Guard & Reserve service members under the principle of awarding benefits according to the length and type of duty performed.

STRENGTHEN LEGAL / FINANCIAL PROTECTIONS FOR MILITARY FAMILIES

- Monitor Congressionally-directed 3-year reemployment rights pilot project for Guard – Reserve Federal workers under the Office of Special Counsel. Arrange for periodic updates for TMC with the OSC.

- Establish employment and reemployment rights under the USERRA for Transportation Security Administration (TSA) workers who are members of the Guard and Reserve
- Authorize veterans' preference appeal rights for veterans in the TSA
- Ensure implementation of upgrades to Servicemembers' Civil Relief Act (SCRA) protections regarding telephone service contracts, residential and motor vehicle lease termination fees, and enforcement by U.S. Attorney General of 'right of private action'.
- Review and endorse appropriate provisions in a Dept. of Justice legislative package (Sept. 2011) submitted to Congress that would strengthen the USERRA and SCRA.
- Strengthen SCRA coverage for military spouses and families

BUSINESS CREDITS FOR FIRMS THAT HIRE VETERANS

The percent of veterans unemployed and underemployed is greater than that of the general population.

There is a generalized sense that the civilian employers do not seek out nor select otherwise qualified candidates because they are veterans, and businesses that reach out to the veterans' population deserve to be rewarded for their efforts.

Therefore, the Jewish War Veterans of the USA calls upon Congress to enact legislation, which would give tax incentives to businesses that hire veterans and increased tax incentives to businesses that hire disabled veterans, and the Jewish War Veterans of the USA calls upon the states to grant recognition to military schooling and certificates of proficiency given by the military.

Furthermore, the Jewish War Veterans of the USA calls upon the Department of Veterans Affairs to perform a study of the attitudes of private employers as to the veracity of the sense of animus toward veterans and to develop programs to reverse those prejudices if and where they exist.

CLARIFICATION OF MILITARY MEDICAL RECORDS

A veteran's military records contain a plethora of information, not all of which is readily available to someone not familiar with the military shorthand and abbreviations.

A medical professional at a Department of Veterans Affairs facility should be able to obtain quickly the information contained within the veteran's military records without the need of trying to decipher the entire record, and by having the military records in plain English available to medical professional services for the veteran would be improved and expedited.

Therefore, the Jewish War Veterans of the USA requests that the Department of Veterans Affairs and the Department of Defense coordinate their efforts to make the records of all veterans understandable to medical professional who may need the information contained therein to treat the veteran.

EXPOSURE TO TOXINS

It appears that the exposure to toxins was more wide-spread than currently recognized.

This exposure includes chemical, biological and nuclear toxins,

and the Department of Defense appears not to have revealed all the sites of toxic contamination. There are strong indications that there was chemical contamination at Fort McClellan as well as other installations where chemicals were stored.

Therefore, the Jewish War Veterans of the USA demands that the Department of Defense immediately put forward a complete and accurate list of all sites, regardless of location, where there was any contamination and provide treatment and compensation to the victims of the contamination.

GRAVE MARKERS FOR ALL VETERANS

The Department of Veterans Affairs offers grave markers for men and women killed in active service since 1990.

The date of eligibility is arbitrary and not related to any specific event, and those men and women who were killed in action prior to the eligibility date are just as worthy as those who died after that date.

Therefore, the Jewish War Veterans of the USA calls upon the Department of Veterans Affairs to offer to the families of those killed in action defending this Nation a grave marker regardless of the date lost.

MORTGAGE SERVERS FAILURE TO ABIDE BY THE SERVICEMEMBERS CIVIL RELIEF ACT

The Servicemembers Civil Relief Act provides very clearly defined rights of members of the military.

There are a number of mortgage service providers who have moved to foreclose on homes owned by member

s of the military, both the active and reserve components during their deployments, in violation of the SCRA.

There are a number of mortgage service providers who have over-charged fees they allege are due, and a servicemember may lose his/her security clearance as a result of an illegal foreclosure by a mortgage service provider.

Therefore, the Jewish War Veterans of the USA demands that the Department of Justice and the federal prosecutors to move vigorously against any mortgage service provider who violates the Servicemember Civil Relief Act and to send each and every one of them to trial, seeking restitution and fines.

VETERANS CEMETERY AT THE FORMER CLARK AIR FORCE BASE

There is a military cemetery at the former Clark Air Force Base in the Republic of the Philippines which has fallen into disarray and disrepair.

The United States had transferred Clark Air Force Base to the Philippine government, including the property upon which the military cemetery is located, and this military cemetery is the final resting place of some of America's war dead.

This Nation has a duty to honor these men and women who died to protect our freedom and way of life.

Therefore, the Jewish War Veterans of the USA requests the President and Congress to move forward to reacquire the land upon which the military cemetery lies and to maintain the cemetery in a proper and appropriate fashion.

SEXUAL TRAUMA OF WOMEN IN THE MILITARY

There are more women serving in the military now than ever before. These women are serving in combat-like roles in dangerous areas, and the number of complaints of sexual harassment and sexual assault are increasing in alarming numbers.

It appears that the military is not vigorously investigating and prosecuting the perpetrators of these crimes, and it appears that there is a systemic effort to downplay the problem rather than aggressively confront it.

The counseling and treatment of such victims must be more than merely adequate but must be a top priority of the military. Many of these victims are separated from the military and then fall within the scope of services of the Department of Veterans Affairs where the level of services available to them varies widely across the country, often depending upon the priorities set by the local director.

Therefore, the Jewish War Veterans of the USA demands that the Department of Defense thoroughly investigate every allegation of sexual harassment and sexual assault and, if found to be true, to prosecute to the fullest the perpetrators, regardless of rank or whether the perpetrators is in the military or is a contract employee.

Furthermore, the Jewish War Veterans of the USA demands that the Department of Defense provide the best available treatment and counseling program to such victims and not to discharge them from the military until they are able to function within the greater society at the best level possible.

The Jewish War Veterans of the USA demands that the Department of Veterans Affairs provides a complete array of services to such victims upon their discharge from the active military so that there is no break in services and no need for the victim to go through a period when she must be re-qualified and re-rated before being eligible for ongoing services.

DOD MISSION IN DANGEROUS TIMES

The Department of Defense is facing large cuts in the near future. JWV believes this nation must maintain adequate force levels and adequate equipment levels. Military readiness does not come cheaply. Our military personnel should all have a reliable benefits package that will never be reduced.

Today's active-duty service members and those who serve in the National Guard and Reserve components, have volunteered to stand watch in this nation's defense. Yet few stand watch for them. Basic benefits of their service, from retirement to TRICARE, are under assault. The defenders of the country need to be able to focus on defending this country. They must not worry their benefits will be pulled out from beneath them while they are focused on more pressing concerns such as terror plots, IEDs, and insurgents seeking to undermine hard-fought gains.

The Congress must insure that DoD is funded to meet all its missions including possible overseas threats from Iran, North Korea, and even China.

BACK-UP TO DOD

VA Hospitals must be adequately funded, staffed and equipped to perform their vital role as this nation's only back-up for DoD medical facilities. U.S. military personnel could possibly suffer casualties exceeding the capacity of the combined military medical treatment facilities.

In such a case, the VA would be vital to the nation. JWV strongly urges the Congress to fund the VA to fully handle this potential workload.

CONCLUSION

Chairman Miller and Chairwoman Murray, our great nation is still sending thousands of brave young men and women off to war in Iraq and Afghanistan. Our country must, therefore, pay for the costs involved.

At our annual national conventions our members work diligently to develop our legislative priorities. Our dedicated resolutions chairman, PNC Michael Berman, works very diligently to develop our resolutions and to bring them before our convention delegates. Following further fine-tuning by our convention delegates, our resolutions are finalized, and become our legislative priorities for the coming year. We thank you for the opportunity to present them to you today.