

RICHARD L. EUBANK, COMMANDER-IN-CHIEF, VETERANS OF FOREIGN WARS OF THE UNITED STATES

STATEMENT OF

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COMMANDER-IN-CHIEF  
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE JOINT HEARING  
OF  
THE COMMITTEES ON VETERANS' AFFAIRS  
UNITED STATES SENATE & UNITED STATES HOUSE OF REPRESENTATIVES

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WASHINGTON, D.C.

Chairmen Miller and Murray, Ranking Members Filner and Burr, Members of the Senate and House Veterans Affairs Committees, Distinguished Comrades of the VFW and our Auxiliaries, and special guests, it is my honor to be here today to represent the 2.1 million men and women of the Veterans of Foreign Wars of the United States and our Auxiliaries.

Madam and Mister Chairmen, first, congratulations on your selections to chair the Veterans Affairs Committees. The VFW looks forward to working with you in the 112th Congress. Secondly, thank you for holding this hearing today to discuss VFW's legislative priorities and goals. It is my hope that together we can find solutions to problems that impede the Department of Veterans Affairs from completely fulfilling their sacred promise "to care for him who shall have borne the battle."

I would like to take a moment to recognize the service and thank two great veterans' advocates. First, Senator Akaka, your 30 plus years of service in the House and Senate, your deep knowledge of veterans' issues and your compassion for your fellow veterans have truly made you a statesman. Without your leadership the VFW would still be asking for Advanced Appropriations, caregiver assistance and countless other benefits improvements. You are not just a member of the Greatest Generation; you are a shining example of what that term means.

Second, thank you to Senator Jim Webb for his hard work in the United States Senate. You have truly lived up to our Marine Corps motto: "Always Faithful." Your contributions have and will continue to improve the lives of veterans and their families for years to come. We will miss both of your passionate and insightful voices for all service members, their families and veterans on this Committee, and your knowledge of world events in the U.S. Senate. We look forward to continuing to work with you both throughout the 112th Congress.

The most critical issues facing VA are:

- Implementing the new caregiver law
- Ensuring accessible, top-notch healthcare
- Fixing the process that caused the disability claims backlog
- Ensuring our wounded veterans have the best transition assistance possible
- Providing the resources and services needed to help homeless veterans
- Ensuring meaningful steps are taken to reduce veteran suicides

As Congress begins the task of reining in spending and reducing an ever-increasing federal deficit, it is important to remember there is a tremendous cost of war, most especially on those men and women who fight it. And that the consequences of defending America do not end when the last bullet is fired.

Every day we read of the ever-mounting toll a decade of war has taken on the less than one percent of our nation who volunteered to defend our country in parts of the world that most Americans could not find on a map before September 11, 2001.

Thousands dead, tens of thousands wounded, and hundreds of thousands more who came home to unemployment, broken families, and memories that will be there for the rest of their lives. Suicides are at record highs in the military and in the veteran's community. PTSD, TBI, substance abuse... the list of ailments and challenges our veterans face is a long one, and it goes hand-in-hand with a decade of serving faithfully in two wars on the other side of the globe. In no uncertain terms, the VFW believes the aftermath of war on service members and their families must be recognized as a cost of war.

I come before you today asking that you only do what is right for the only true heroes left in America. They were there for all of us when we needed them. All they ask in return is for you to do the same.

We as a Nation put them in harm's way, exposed them to diseases, toxins and terrors that may stay with them forever. The cost of war is not just building tanks, planes and ships. It isn't just training men and women to fight; nor to take them to war and consider their well-being as a mere afterthought.

The cost of war includes the treatment of diseases and injuries incurred while serving in uniform. It is compensation to replace lost earnings capacity and quality of life, caused by those disabilities. It is to help each man and woman transition from military to civilian life, recognizing that they put their youth and their lives on hold while they fought for you and me. And it is to take care of their wives, husbands and children when they don't come home at all.

VFW will stand with you if there is redundant or poorly spent funding on programs that do not work, because every spent dollar represents precious resources missing the mark in assisting our veterans. But we are also here to tell you that it is imperative that VA be fully funded to care for our injured and ill veterans and their surviving dependents. For VA to fulfill these and other urgent needs for our veterans, the VFW, in partnership with our other three Independent Budget co-authors, requests a discretionary budget of \$65.4 billion.

1. \$55 billion to support VHA
2. \$3.3 billion for IT
3. \$2.7 billion for major and minor construction
4. \$2.3 billion for VBA

Without this level of funding, VA will fall short of providing the level of care and access to services the VFW and the American people expect. President Obama's budget submission requests an overall funding increase, but falls short of the levels we believe necessary to provide for the health and well-being of our veterans. We appreciate his commitment, but strongly believe that more needs to be done.

The VFW has particular concern that a handful of pivotal initiatives will not receive adequate funding to meet the challenge under the President's proposal. The VA construction budget for Fiscal Year 2012 stands at \$1.27 billion – nearly \$480 million below last year's levels, and less than half of what we recommend as part of the Independent Budget. The proposed budget would actually reduce prosthetic and medical research by \$70 million dollars. Information Technology would receive a slightly higher amount by about \$14 million, but only after being flat-lined last year. We are recommending an increase of approximately \$156 million to ensure the changes we all hope VA can achieve through technology can be met. These programs are too important to our veterans and too strategic for the future of VA to be relegated to second or third-tier priorities, and we strongly urge you to take an impartial look at the unfinished business and future plans of these and other programs to provide a more appropriate level of funding.

## VA TODAY

The reforms that began less than two decades ago have long since shown what innovation, technology, creativity, professionalism and modern medicine can do for veterans. Yet the VA of today remains a contradiction. It provides world-class health care to millions of veterans, but the Veterans Benefits Administration – which is the key to all things VA – has not evolved for the better.

As with any large medical system, some problems exist— sometimes serious problems. The Veterans Health Administration's goal must continue to be to ensure quality care. When problems develop, VA must ensure that the causes are identified and remediated quickly and completely, and they must hold responsible persons accountable. VA must also notify veterans immediately and provide them with their treatment options in instances of negligent care.

While the VA health care system is a 21st century health care system delivering world-class care to America's veterans, the Veterans Benefits Administration continues to struggle with the greatest workload in over 50 years and the worst quality in decades.

As of January 31, 2011, the number of pending compensation and pension, education and appeals cases totaled nearly 1.1 million, up 32.6 percent in just one year.

We certainly understand that incoming work has been increasing at a rate of 10 percent per year for the past several years. That fact alone would stress any organization, public or private.

We know that in times of economic turmoil, claims increase significantly while veterans and their families search out alternate sources of support. It is a certainty that the Great Recession has delivered great blows to the economy and especially to veterans.

We also acknowledge that Secretary Shinseki's decision to grant new presumptions under the Agent Orange Act produced nearly 200,000 new claims virtually overnight. The fact that he made the right decision under the law doesn't reduce its impact in VA regional offices.

I would like to thank Secretary Shinseki for his courage and steadfastness in this regard. His determination to do what was right for veterans has earned him our admiration and gratitude. Thank you, Secretary Shinseki.

The seeds of the processing problems in VBA were sewn decades ago. In our view, they stem from several problems.

First, inadequate staffing over the 1980s and 1990s allowed production to degrade, so that over time the backlog grew significantly. Untimely budgets and Continuing Resolutions are not recent innovations of Congress. Agencies react to budget uncertainty by instituting hiring freezes. Some years most regional offices couldn't hire anyone. In others, they were only able to hire limited personnel at the end of the fiscal year. As a consequence, VA managers were forced to promote sometimes marginally qualified individuals to fill long-vacant positions. In addition, these barriers ensured that systematic workforce augmentation and development was impossible.

Further, increased staffing levels frequently lagged workload increases by a year or more. VBA managers were unable to plan adequately while they were forced to focus solely on the ever-mounting workload -- imploring overtaxed workers to greater production while turning a blind eye to quality and appeals. The genesis of the huge appeals backlog we see today is found in the local management decisions of 10 and 20 years ago to divert appeals staff to only reducing the backlog. These same decisions are driving the same increase in pending appeals today, and missed opportunities to streamline and automate processes with new technologies have compounded the problem. A quick and full-fledged integration of electronic medical records and other solutions may have saved untold time and money for the VA and for veterans. We urge this gathered assembly to use its oversight authority to ensure a robust and successful transition to a VA that deftly uses cutting-edge IT solutions to better serve our veterans.

Second, the political leaders of VA, OMB and Administrations of both parties were unwilling, for budget reasons, to address the IT and staffing requirements of VBA.

So let's look at the results of these decisions.

The backlog sits at 1.1 million compensation and pension, education and appeals claims. When talking about the backlog, VA routinely only refers to disability ratings work. However, there are many other claims in process, and it's all done by the same people who develop and decide ratings cases.

The VA reported error rate stands at a dismal 16 percent, and the Office of the Inspector General reports higher error rates on certain disabilities, such as TBI, PTSD and diabetes. Nationally, one of every six decisions is wrong. These are substantive decisions which deal with money that should have gone to veterans.

But that's not the half of it. I ask the VA: Why do you dislike Maryland veterans so much? If you have the bad luck to have your claim decided in Baltimore, you stand a one-in-three chance of receiving a wrong decision. The last data available to us shows that decisions in Baltimore were wrong 32 percent of the time.

On the other hand, if your claim is decided in Milwaukee or Fort Harrison, your claim will be correct 92 percent of the time.

Please don't misunderstand: The VFW is not entirely pleased that the best VA offices make a mistake "only" one in twelve times, because anything beyond a zero error rate has a negative impact on veterans.

The real question is why these vast differences exist between regional offices? Is it management? Training? We hope that your committees will undertake the necessary oversight to ensure that VBA determines the reasons for these variances and moves to correct them.

Either that or move the processing of claims from Baltimore to Milwaukee.

The VFW is working with VBA to help them find solutions to achieve greater efficiencies and quality in processing claims. Our goal is always to help VA improve claims processing without harming veterans...to achieve win-win solutions for both.

To that end, we monitor the many pilot projects and experiments undertaken by VBA over the past 18 months. We provide VBA officials with critical assessments where necessary and public encouragement where we can. In the past year, we have participated in a growing collaboration between VA, VFW and other VSOs to ensure that the programs under development address the needs of veterans.

#### APPEALS

Appeals increased from 183,000 to nearly 228,000 in past year. Most appeals are still sitting in regional offices awaiting action. We have had reports from many offices that Decision Review Officers -- those who handle appeals in the regional offices-- have been redirected to work on the backlog. As a consequence, we should expect the backlog of appeals to increase substantially this year. Again, we ask your committees to perform oversight in this area.

#### VA MEDICAL CARE

As the nation's largest integrated health care provider, the Veterans Health Administration has four primary missions. They are:

1. Providing health care and services to America's sick and disabled veterans;
2. Training and educating doctors, nurses and other health care professionals;

3. Conducting world-class research of medical issues including prosthetics, and;
4. Serving as the nation's primary health care backup in times of war or domestic emergency.

VHA's primary mission is the care of ill or injured veterans. VA anticipates veteran enrollment to grow to around 8.5 million veterans in FY 2011, and more than 6 million of them will receive some type of care this year. This number has doubled over the last decade and will continue to rise. The increase is due to both improved access as VA has shifted focus from being an inpatient provider into more of an outpatient provider, as well as the aging veteran population and the influx of our newest war veterans, especially female veterans.

According to VA statistics from the fourth quarter of 2010, more than 625,000 Iraq and Afghanistan veterans have sought VA care out of a pool of around 1.25 million. The VFW and the Independent Budget expect this number to continue to increasing, and we must not fail to provide the care they have earned.

The VFW strongly believes in timely access to quality health care. Achieving the proper balance between access, efficiency and quality is the goal to which we must all apply ourselves. In that regard, the VFW supports VA's efforts to allow more Category 8 veterans access to VA healthcare, while recognizing the need to make sure any additional workload does not overwhelm a VA facility's capacity to provide timely and quality care. We ask Congress to provide robust oversight of the expansion of VA services to ensure disabled veterans continue to receive their due care, in a timely manner.

Accordingly, as part of the Independent Budget, the VFW recommends a funding level of \$55 billion for total medical care, an increase of \$3.4 billion over the FY 2011 operating budget level currently provided by P. L. 111-322, the Continuing Resolution. Additionally, the Administration recommended an advance appropriation for FY 2012 of approximately \$50.6 billion in discretionary funding for VA medical care. When combined with the \$3.7 billion Administration projection for medical care collections, the total available operating budget recommended for FY 2012 is approximately \$54.3 billion. Full funding will be absolutely necessary for VA to successfully provide care to an increasing number of veterans while continuing to maintain high quality and access standards.

We must also meet the long-term care needs of our veterans. VA has formed an ongoing partnership with state governments and their State Veterans Nursing Home programs. Yet it is essential that Congress and VA recognize that veterans often need a level of care greater than what the Medicare reimbursement rate provides, and we cannot allow procedural hurdles or budgetary considerations to result in inadequate care for veterans availing themselves of our state nursing homes.

VFW also believes that VA needs to better articulate its Long-Term Care Strategic Plan to allow Congress, the VFW, other VSO's, and the public a better look at the proposals. Long-term care will continue to be a challenge, and we firmly believe success will require cooperation and transparency.

We will continue to work with VA on this and other issues, as we have to educate the veteran community on changes to PTSD and Agent Orange claims, the introduction and subsequent changes to the Post-9/11 GI Bill, and other improvements made in recent years.

Veterans with specialized needs and those living in rural or remote areas must also receive greater attention from Congress. Telemedicine provides opportunities to save money, provide better health outcomes, and improve customer satisfaction. While VFW recognizes the limitations of broadband and mobile infrastructure in many rural areas, we strongly believe VA should be a leader in developing practical telemedicine options that would benefit veterans and the larger medical community.

**Women Veterans Health Care:** The number of women serving in uniform far exceeds any previous conflict, and today, they play an extraordinary role in Iraq and Afghanistan — roles that expose them to the risk of combat, serious injury and death. There are approximately 214,000 women serving in the military today, with more entering military service every year. Of those who have served, VA estimates that more than 40 percent have already enrolled for health care, a percentage that is expected to nearly double in the next 20 years. VA and Congress have made progress expanding female health care services, but more needs to be done.

VA must provide gender-specific and primary health care services tailored to women in all its medical facilities and Community-Based Outpatient Clinics (CBOCs). They must acknowledge that women are serving in combat and take the lead on researching the effects of combat experiences on the female veteran population. Improving training and certification of mental health care providers, as well as comprehensive programs for the treatment of Post Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST) is critical as the numbers of women using VA increases.

With those increases in mind, Congress enacted Public Law 111-163, which calls for a report on barriers to care encountered by women veterans. VFW asks that the report be thorough and include data that examines current programs provided by VA, to include progress in the treatment for PTSD, MST, substance abuse and mental illness, as well as the availability of obstetric and gynecological care. The study must also collect data on waiting times, demographics, geographic distances and other barriers to care.

One of the largest hurdles VA faces is outreach to women veterans. Many women veterans do not know they can use VA care and services, or that VA regional offices have women veteran coordinators to help guide them through the benefit process.

Properly serving women veterans will take a cultural change within the VA, which for half a century functioned with a “one size fits all” mentality. The VA must tailor its programs and services to the specific needs of women veterans by offering them counseling and reintegration services, and to provide sensitivity training for claims processors and women veteran coordinators.

A recent report by VA’s Office of Inspector General entitled, “Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits” (Report Number 10-01640-45, 12/16/2010), found that higher proportions of female veterans were receiving

disability benefits for mental health conditions but the numbers were proportionally lower for PTSD and TBI than their male counterparts. VBA denied female disability claims for PTSD more often, unless MST was a factor. We believe that this highlights the critical need for implementing successful training measures that align mental health ratings between men and women. It also demands that VHA and VBA train its claims adjudicators, health care professionals, and patient coordinators on issues facing women veterans, to include military sexual trauma, substance abuse, PTSD, TBI and suicide prevention.

Congress must provide continued oversight on all the programs and services provided to women veterans. Improving the health care services VA provides to women veterans, especially those serving in OIF/OEF must be a priority.

## WOUNDED WARRIORS

More than 42,000 service members have been wounded in action since the current conflicts began nearly a decade ago. This does not take into account those service members who are suffering from mild TBI, PTSD, or were exposed to harmful environmental toxins, or the invisible psychological wounds of war that may not manifest themselves for years. We must realize and account for the hundreds of thousands of veterans who never needed a corpsman or medic's assistance on the battlefield or went to sick call while in garrison, but in the months and years after their service could suffer from the demands that training and fighting wars has on the body and mind.

Traumatic Brain Injuries (TBI): Explosive blasts from roadside bombs and other Improvised Explosive Devices are a leading cause of injury and fatality among the men and women of our armed forces. Veterans who suffer Traumatic Brain Injuries or other cognitive impairments are often left in a precarious situation, as the effects can be both severe and not immediately obvious. While recognizing that active-duty policy decisions fall under the jurisdiction of the Armed Services committees, the VFW strongly encourages this committee to do what is in its power to highlight the need for pre-deployment cognitive screenings for all members of the military being sent into harm's way. We believe it necessary to achieve a baseline by which to measure the effects of IEDs and other battlefield concussive conditions that lead to brain injuries. The ability to gauge changes resulting from injuries is impossible without having such a baseline, which also inhibits proper and more precise treatment.

VA must also continue its research into the effects of TBI on the brain. Research has made clear that undiagnosed cognitive or psychosocial conditions are far more debilitating than physical injuries, particularly with regard to employability. The follow-on effects of undiagnosed TBI can lead to a lifetime of unreached potential, and VA must work hard to ensure that effective treatments are readily available to help veterans avoid idleness. Veterans want to be useful and productive members of society after their military service is over, regardless of their physical condition. VA must help veterans affected with a brain injury achieve that goal by thoroughly evaluating all potential methods of care, such as Hyperbaric Oxygen Therapy and acupuncture, and incorporate those that prove to be effective into treatment regimens.

Centers of Excellence: Many of the events that are causing TBI on the battlefield are also leaving our service members with serious auditory and vision impairments, of which the sheer number of such cases is alarming. For example, over 750,000 Iraq and Afghanistan veterans have suffered



a measurable hearing impairment-- an average of about 75,000 each year. Estimates from the Defense Centers of Excellence (DCoE) assume a 10-15% larger cohort for tinnitus, or ringing in the ears. The DCoE also estimates that around half of those suffering with TBI have also experienced some level of vision impairment. While these afflictions are obviously pervasive, they may not be getting the attention they deserve.

The VFW is concerned that Congressional intent behind creating the DCoE system is not being realized. It seems that a pronounced lack of funding, and a possible lack of cooperation from VA, is resulting in a lack of progress and a diminished contribution. We hope your respective committees will work to ensure the best possible outcomes for our service members suffering with the problems these centers were created to address.

**Mental Health:** We are thankful for VA's increased commitment to mental health concerns, and for the role Congress has played through funding, oversight, enhanced programs, and the focus on outreach. This growing commitment has been shown through increased budgets and also by new efforts to address the stigma associated with seeking help. Though VA and the civilian medical community are no longer willing to sit idly by and allow those who need assistance to be dissuaded from seeking it from fear of social repercussions in the community, we are just beginning the hard work of ending the social stigma associated with mental health. We have also seen progress in the military where leaders are speaking out and informing their fellow service members that it is ok to seek mental health assistance. While we firmly believe Congress must continue to provide the necessary financial resources to ensure that all who seek help receive the best care anywhere, we believe this effort to reduce stigma is equally as important, and we ask VA and DOD to continue their efforts to address this issue.

Addressing these issues early can make a world of difference for veterans and their families. The manifestations of mental health challenges – marital and family strife, joblessness, homelessness, substance abuse, and suicide – are often chronic problems that become apparent only over time, while destroying lives and costing untold time and money. Yet the VA Office of Inspector General determined that the integration of mental health services into VA primary care is lagging, even while the VA's new care treatment paradigm – the Patient-Aligned Care Team – is designed to include a mental health counselor in the overall team effort. The GAO also recently found that VA is not reporting workload or spending data for mental health services in a thorough and satisfactory manner. This leaves Congress and the public with insufficient measures of the true scope and cost of services rendered, and we hope that your committees will stress with VA the importance of a full accounting for all mental health expenditures.

The most recent data available from the VA shows that more than half of all OIF/OEF patients treated by VA have suffered some mental trauma, and about a fourth of them have been specifically diagnosed with Post-Traumatic Stress Disorder. These numbers are staggering in their own right, and our efforts to address the problem should be spared no expense.

However, as we seek to provide the best possible care for our newest war veterans, we cannot forget the men and women who have served in previous conflicts. No matter where, when or in what capacity they served, all who are sent in harm's way are forever changed by their experience. We must fully resolve to bring new advancements to bear in the lives of veterans of

previous conflicts that still struggle with PTSD or other mental health challenges. We must address barriers to quality, accessible care.

To do so, Congress must not shrink back from its commitment to the men and women who have received psychological injuries while bearing the brunt of war. We must continue to train mental health counselors to meet the demand of our veterans, a problem made more challenging by the short supply of these professionals even in the civilian sector. Pilot programs such as the Mobile Vet Centers have put the need on display, and are helping fill the void. We have also seen VA step up and play a constructive role in training doctors and nurses for the larger community. With past successes in mind, VFW suggests a pilot program to study the feasibility of working with hospitals and universities to train and mature the next generation of mental health counselors. We believe the urgent need warrants such a study, and we are confident that veterans and all Americans would benefit greatly from such a partnership.

We also believe that VA staff at all levels must be constantly trained to identify warning signs, and be attuned to mental health concerns, as part of a response to eliminate missed opportunities to diagnose mental health challenges. Providing this quality of care at facilities such as Community-Based Outpatient Clinics and Vet Centers, in addition to the VA Medical Centers, will help VA to detect and address mental health concerns.

**Suicide:** By its very nature, suicide among military personnel, veterans, and their families presents perhaps the most serious challenge to VA, the Department of Defense and the Nation. While we all hope and pray that 2011 will be a year of progress in our efforts to eliminate the prevalence of suicide among members of the military and the veteran community, the tide has turned for the worst in recent years. The year 2008 was the first year on record that the suicide rate among Army ranks exceeded that of their civilian cohorts. In 2009, we lost more military members to suicide than in combat, and that total rose even higher in 2010.

These dangers are especially poignant for the men and women serving in the National Guard and Reserves, who usually do not have ready access to military treatment facilities that active-duty service members enjoy and depend upon.

The President's remarks on January 24th, which unveiled the Administration's new direction in supporting military families, stressed the importance of a total force approach. The VFW couldn't agree more, and we support legislation such as that championed by Congressman Holt to provide enhanced observation for members of the Guard and Reserve. However, we are dismayed that manpower concerns have seemingly blocked this legislation in recent years, particularly as we believe that a biannual phone interview – the main thrust of Congressman Holt's legislation – is still woefully inadequate for the daunting task at hand. Congress must understand the urgency of this situation and address it with real and meaningful solutions.

The VFW believes that service members deserve a one-on-one evaluation with a mental health professional before deploying and then again at post-deployment at intervals experts believe best-suited to identify both immediate and delayed reactions to the stressors of war and reintegration.

Beyond legislative initiatives to combat suicides, DoD and VA must identify programs that are showing success in communities around our Nation and supporting them where they already exist and expand them to areas where there is a need. With an average of 18 veterans committing suicide every day, to do anything less is failure.

Caregivers: The VFW greatly appreciates the work of both the House and Senate VA Committees in passing Public Law 111-163, commonly known as the caregiver bill. This landmark piece of legislation provides a monthly stipend, respite care, mental and medical health care, and secures necessary training and certifications required for caregivers to meet the specific needs of their loved ones. It also requires the VA to conduct a veterans' suicide study in coordination with other federal agencies. At its heart, this legislation acknowledges the fact that a traumatically wounded veterans' family is ideally situated to care for them, and turns that hope into a reality for many. Caregivers of all generations of veterans carry a great burden, and we must recognize the vital role they have and continue to play by affording them the common-sense benefit this bill promises.

In recent months, VA has endured public criticism for missing the first deadline for issuing proposed regulations, in addition to being months late in delivering a report required by Congress. However, recent and aggressive steps forward make clear VA's attention to this matter from the very beginning. Last week, VA submitted an Interim Final Rule to the Office of Management and Budget to bring about a swift conclusion to the rulemaking process. Like VA, we believe the circumstances warrant the use of this expedited process. Veterans of all wars have earned equal standing for the purpose of healthcare and benefits from VA, and we strongly believe their caregivers deserve the same recognition. We ask Congress to support and oversee a timely and fair implementation of P.L. 111-163.

Burn Pits: Open air burn pits have caused major health concerns to service members. A recent study produced by the U.S. Army Center for Health Promotion and Preventive Medicine stated that adverse health risks are unlikely, but numerous specialists and experts, notably Lt. Col. Darrin L. Curtis, PhD, who took part in the Army study, have exposed various faults and shortcomings, which undermine the validity of the study.

Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins – the destructive compound found in Agent Orange-- and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds. Every time a service member breathes they inhale poisonous and noxious fumes. Ten pounds of trash a day from a household burn barrel can produce as much pollution as a modern incinerator burning 400,000 pounds of trash a day. I absolutely understand the utility of burn pits, but there has to be a better and safer way.

We also believe that DoD is failing to incorporate cutting-edge medical science into its screening methods. A health study conducted by Vanderbilt University on OIF/OEF veterans determined that only by performing a lung biopsy were patients able to be properly diagnosed with constrictive bronchiolitis which is likely caused from being exposed to toxic smoke fumes. This makes spirometry tests void, as they are insensitive and may not detect the illness affecting those who were exposed to burn pits.

We also believe there needs to be an OEF/OIF registry to identify possible toxic exposure victims for future studies and treatment. Our experience with Agent Orange has illustrated well

how medical science provides future solutions to problems being created today. It also makes clear that better tracking of exposure can tailor our efforts to provide the best possible solution. We urge Congress to ensure that DoD and VA have reliable information with respect to who has been and will be exposed to burn pit contaminants in Iraq and Afghanistan.

#### SEAMLESS TRANSITION

After years of sacrifice, putting their lives on hold, reintegrating back to civilian life is full of challenges. Through expansion and improvements to existing programs, Congress must continue to work to reduce health care, educational and employment barriers facing veterans. We believe that one of the most pressing objectives to ensure a seamless transition lies within the DoD/VA Interagency Program Office charged with achieving interoperability for records between the agencies. While we understand the huge challenges to standardize, prioritize, and decide the specific level of interoperability for different kinds of records, we still conclude that this process is lagging primarily because of the military's inability to fully wean itself off paper medical records.

Vocational Rehabilitation and Employment: First, VA must conduct a work measurement study to identify proper staffing levels and critical skills and competency needs that are truly necessary to provide quality assistance for veterans within the VR&E program. VA must also increase oversight of VR&E service contracts to ensure quality services are provided, and that reimbursement is at an appropriate level. VFW believes that VA should provide a clearer picture of success rates in the survey and performance data to ensure proper funding and training levels can be achieved. Currently, veterans who are only using VR&E for employment services do not receive monthly a living stipend while seeking employment, but veterans using VR&E more comprehensively receive living stipends for up to two months past the completion of their rehabilitation plan. VFW believes these incentives should be realigned to more fairly assist veterans regardless of the services they are receiving. It is also important to extend success tracking from 60 days to the end of the veteran's probationary period. This will provide better assurances that veterans are succeeding in their new career. Lastly, VR&E should develop and distribute satisfaction surveys for all veterans who utilize the program. The VFW strongly supports Vocational Rehab for life, as any time restrictions on utilizing such an important program prevent independence and an enhanced quality of life for veterans.

Education: Improvements to Chapter 33, the Post-9/11 G.I. Bill of Rights, have fulfilled most of VFW's requests for improving and expanding the benefit. However, there was a cost to some veterans. Removal of the interval payments, reducing the payment amount for some private institution tuition, and providing only a portion of the living stipend for online learners has either reduced the benefit or fails to provide parity for many veterans. Veterans enrolled in college assumed these benefits would be in place for their entire academic career. Now they are not, which places them in a difficult financial situation. VFW believes that Congress and VA should examine grandfathering veterans who had these payments removed. With all of these new changes to educational benefits, Congressional oversight of implementation is critical.

Education benefits for surviving spouses and children continue to erode as the cost of education continues to increase. The average cost to attend a four-year public university has reached \$14,256 per year. In 2003, the last increase for Chapter 35 benefits, the average cost of a four-

year degree was \$10,674. While Chapter 35 benefits have remained the same, the cost of education has increased by 33 percent. To restore the value of this benefit, an increase to \$1048 per month is in order.

Employment: Unemployment rates for the Nation continue to be unacceptably high, but veterans have been hit especially hard. Last month unemployment for veterans was at 15 percent. VFW believes it is necessary to broaden the tax credit beyond recently separated veterans to encompass all veterans. Encourage employers to put veterans at the top of their hiring list by increasing the tax credit to \$2,400 for hiring any veteran and \$4,800 for hiring a disabled veteran. We should also continue to encourage the entrepreneurial spirit that many veterans possess. This can be done by enforcing the three-percent rule contract set aside and increasing Small Business Administration funding for new Veterans Business Development Centers. These centers will provide veterans with necessary training, business planning, networking, and access to capital.

The VFW also sees a pressing need to better educate corporate America about the skills and professionalism veterans bring to the workplace. Far too often corporate America sees our fighting men and women as ill-suited for productivity in the civilian workforce. The reality is that the cultural divide between the military community and the rest of society has led to misconceptions that are preventing companies from securing the best possible workforce. The men and women who wear our nation's colors gain unparalleled leadership and team-oriented skills, while securing world-class training and experience that broadly apply across all sectors of the economy, but we must also realize these Americans need jobs. We must all do more to let corporate America know they are missing out on exemplary employees who have what it takes to meet and exceed all expectations. These Americans are an underutilized resource who is job ready. We must do more.

Uniformed Services Employment and Reemployment Rights Act: Since September 11, 2001, the Department of Defense has called 800,000 National Guard and Reserve troops to active duty. It is also reported by the National Guard Bureau that 75 percent of Guard members have deployed, and that 25 percent have deployed more than twice. Although, the agencies that are tasked with investigating USERRA violations have greatly improved their timeliness in processing claims, there is still a distinct disconnect between employers and activated Guard and Reserve members. Many service members and employers don't fully understand their USERRA responsibilities, and service members can unknowingly waive their USERRA rights by signing binding, pre-dispute arbitration contracts upon employment. There are currently different requirements in veteran notification of rights depending on the employer. To better educate veterans, an outline of USERRA regulations should be given to Guard and Reserve members when they receive their activation orders. To protect their rights to civil trial, pre-dispute binding arbitration agreements with employers must have a USERRA exemption. Also, USERRA process rights must be the same for the Department of Justice and the Office of Special Counsel to ensure government employees are receiving the same treatment as civilian employees. And for employers who willfully violate USERRA, harsher penalties must be put in place, to include fines and removal from government contract procurement data bases. We need to do all we can to protect a warrior's employment.

Veterans Homelessness: We know that homelessness among veterans is a top priority for the President, Secretary Shinseki and the leadership of other federal agencies. VFW greatly appreciates their goal to eliminate veteran homelessness by 2015. The official VA and HUD estimate of roughly 136,000 veterans spending at least one night in a shelter in 2009 is an improvement that took time, talent and resources. The VFW fully supports this worthy program. VA has undergone a culture shift and has several new projects coming online, including rapid rehousing for those who lose their homes, methods to prevent eviction through temporary assistance payments, and enhanced case management. VA has also started to discard the notion that a veteran needs to be drug or alcohol free before housing assistance can be rendered. While no one wants a veteran shackled by the bonds of drug or alcohol addiction, we believe a constructive step to assist veterans who want help is to give them the stability of a roof over their heads, eliminating transience in their lives, and helping them begin the process of starting over from the ground up.

VA has also increasingly recognized that this problem cannot be fixed without partnerships. Therefore, we believe their evolving approach, which stresses cooperation with local governments and nonprofit agencies, is a positive development. VFW both encourages this development and wants to help. By assigning case managers who are also responsible for vocational needs, VA is attempting to address the vocational needs of homeless veterans. VA must continue to play the lead for this effort to be successful. However, we cannot forget that the causes of homelessness are unique to the individual, and that local pressures are different in every town, city and state in America. With that in mind, we urge VA to continue this work with a firm understanding that this problem can't be solved from Washington, D.C., alone. VA must increasingly evaluate and improve its strategy of local involvement and cooperation to fully address homelessness among our veterans.

Because these and other challenges often go hand-in-hand, we are following the change in strategy to address homelessness among veterans very closely, and we encourage Congress to play a constructive role by supporting Secretary Shinseki's efforts through proper oversight and through your active involvement in your home states and congressional districts. .

## VA CONSTRUCTION

The VFW is pleased with the improved transparency of VA's new method of assessing their long-term capital infrastructure -- the Strategic Capital Investment Plan (SCIP). SCIP is intended to identify capital acquisition needs, ranging from non-recurring maintenance and leasing to minor and major construction projects to close the currently identified performance gaps. SCIP reflects VA's philosophy of constructing and maintaining its own inventory of buildings, as well as leasing where it makes sense and partnering with medical schools, to provide the highest quality of care in the most cost effective manner.

The President requested just \$1.151 billion for major construction in FY 2012, which is well below the \$2.786 billion called for in the Independent Budget (IB). In total, the Administration's \$1.618 billion request for major and minor construction is \$278 million below the FY 2010 appropriated amount, and \$461 million less than the IB recommendation.

VA has started adopting a new model of health care delivery, the Health Care Center Facility leasing program, as a way to address some of VA's capital infrastructure problems, including utilizing build to suit facilities that meet current safety codes, provide better geographic placement, and improves patient safety. While it has many advantages, we believe it could have an adverse affect on VA's overall system of care, which includes biomedical research and development programs, and VA's renowned graduate medical education and health professional programs. VA's longstanding partnerships and affiliations with nearly every medical university in the nation must remain viable.

For years VA has been faced with a rapidly aging infrastructure – many buildings are more than 60 years old. Although Congress has funded a significant number of new facilities in recent years, the vast majority of aging buildings have not been properly funded to trigger key maintenance requirements. We are concerned that there is not enough FY 2012 funding for the many construction projects VA needs to undertake to care for its aging infrastructure. VA also continues to be faced with challenges with respect to many non-recurring maintenance projects. Left unfunded for several years, many of these projects have now created safety issues for veterans and VA employees.

VA has begun a patient-centered reformation and transformation of the way it delivers care. How VA manages its infrastructure must also be a priority now and into the future. We urge Congress to review the construction budget carefully, and to take into consideration the benefits of improving VA infrastructure. Failure to properly fund this area simply means that facilities will require more and more maintenance just to keep the doors open. Further, lack of funding holds VA back from providing state-of-art care to all of America's veterans. We believe that both strong oversight and sufficient funding by Congress are critical to the ongoing task of providing the "best care in the world" for veterans.

#### RESEARCH AND DEVELOPMENT

At a time when VA is expending tremendous resources to treat veterans across all generations for injuries both serious and long-term in nature, we must not lose sight of the need to move beyond treating injuries and ailments. The search to find cures for the conditions that plague our veterans, and the relentless push to incorporate cutting-edge technologies to replace limbs and enhance the quality of life for them, is a noble and worthy goal that we must not allow to diminish, even in these trying economic times.

Continuing our focus on medical research makes sense on a number of different levels. First and foremost, it unquestionably enhances the quality of life of our veterans. Two, administering a permanent cure rather than treating an illness or condition is more effective and less expensive in the long run. Third, advances made by VA expand the body of medical knowledge as a whole, thereby helping all Americans live better and more productive lives.

While we recognize and are pleased with the ancillary benefits of such research for those outside VA, we agree with Secretary Shinseki that our veterans must be the sole focus of this research. Their needs are too unique and pressing for VA research and development to lose focus, and we urge you to support VA as they advance the science of caring for veterans.

One specific area of scientific endeavor that we strongly believe merits further exploration is Hyperbaric Oxygen Treatment. The VA is on the periphery of this issue, yet the Congress and veteran service organizations have continually pressed for a thorough evaluation of this treatment. The research suggests this technology could lead to breakthroughs in treating

Traumatic Brain Injuries and other serious conditions, so we urge you to support it, and to impress upon VA the need to conduct whatever research is necessary to evaluate the potential of new or existing technology as a treatment tool.

In other areas of research, VA has made impressive gains. They completed research that gives credence to the benefits of chiropractic care, and organized teams of investigators from government agencies, academia, and the private sector working to cure spinal cord injury. They made advancements in the science of adult stem cells, funded and assisted studies on substance abuse, and discovered that veterans diagnosed with a mental health condition – especially PTSD – tend to also have more physical ailments. And an internal study they conducted found that 15 percent of women who received care from VA between 2001 and 2007 had also, unfortunately, reported military sexual trauma.

This list is just a small sample of the good work coming from VHA's Office of Research and Development. Veterans would not receive the care and support they currently depend upon if it were not for the advancements they are making. The funds they receive bring return on investment, and we fully support their efforts to improve the lives of both our veterans and society as a whole.

## INFORMATION TECHNOLOGY

It is no secret that VA struggled to transition into a 21st century organization. Leveraging technology to automate services and streamline processes represents key opportunities to squeeze more productivity and eliminate unnecessary expenses without diminishing the services provided to our veterans. This is true for the whole of government. However, we believe VA has a particular responsibility to steward available resources to the absolute best of its ability. The importance of the task at hand deserves every effort to ensure funds allocated to VA directly benefit our nation's veterans. Yet the GAO routinely reports that shortcomings within VA results in missed opportunities and underperforming contracts with technology companies. In the last six months alone, VA has reported on needed improvements in education claims processing and DoD/VA collaboration – issues that touch the lives of millions of veterans at an important transition in their lives. With that in mind, VFW has been disconcerted at the lack of measurable progress in addressing a handful of pressing matters related to information access and security.

We have reason to believe that they have finally turned a corner. The VA instituted the Project Management and Accountability System in 2009 to address extremely low achievement rates in deploying IT solutions. So far the results are promising, as VA recently reported a jump from 30 percent to an 80 percent success rate. As a result of these acquisition reforms, VA is projecting a \$355 million savings in the President's budget. We are optimistic that these savings will be realized, and that they are just the beginning of what VA can save through this and other meaningful changes. While this kind of vision and leadership is needed to maximize time and money, VA must do more. Leadership and all staff must be held accountable for their own action or inaction, and we believe Congress must ensure exemplary progress and status reporting throughout the many IT projects within VA.

On a more positive note, we are appreciative of VA's efforts to ensure Post-9/11 GI Bill payments came on time, and recognize that even if VA began these payments on a rocky start, they have absorbed the blows and it has ultimately been a success story. We also believe that other changes being made at VA will help usher in more IT successes, and we ask Congress to provide the necessary oversight to help keep VA on their current path toward success.



## OTHER BENEFITS

VA Home Loan: VA's successful home loan program is an essential benefit that provides eligible service members and veterans the ability to obtain a home loan without a down payment. These guaranteed loans also protect lenders from loss if for some reason the loan is not repaid. VFW thanks Congress for passing legislation that waives the home loan fee for service-connected veterans called to active duty, and increases maximum loan rates so that the current benefit matches federal housing rates, and is adjusted in high cost areas.

The same cannot be said, however, about VA's adaptive grants and insurance programs. Both programs provide essential benefits to today's service members and veterans, but the value of the benefits have deteriorated substantially over time.

Adaptive Grants: This benefit allows modifications to homes and automobiles to help seriously disabled veterans to regain independence and mobility — a key quality of life factor and readjustment and recuperation aid. Unfortunately, the value of these programs has eroded as rates have not kept pace with current costs in the housing market or the automobile industry. The VFW asks Congress to increase rates to coincide with private sector costs, and to provide automatic annual adjustments, as needed. We would also like to see a grant for adaptation of a second home. Veteran housing needs change with time and circumstances. What may have worked 10 years ago may not work now. A change in disability may require a home to be configured differently, or the house may have become too large as children age. We believe these evolving requirements merit a second grant to cover the costs of adaptations.

VA Insurance Programs: VA insurance programs were designed to provide coverage to veterans and service members who may have difficulty obtaining affordable coverage in the private sector due to service-connected disabilities. The Service Disabled Veterans Insurance (SDVI) program must be updated to reflect changes in modern medicine, and its benefits must be based on current mortality tables. SDVI premiums are no longer competitive with private industry, and therefore no longer provide the intended benefit for eligible veterans.

Last year Congress authorized an increase in the supplemental insurance available to SDVI that eligible veterans must pay for in order to obtain coverage. Under the current schedule, many service-disabled veterans will not be able to afford the maximum coverage amount. VFW urges Congress to lower the premium schedule for SDVI insurance and increase the maximum coverage amount to \$50,000.

Traumatic Injury Insurance: The passage of Traumatic Injury Protection under the Servicemembers' Group Life Insurance (TSGLI) program was a major VFW victory. Severely wounded veterans and their families have benefited greatly from the extra coverage; however, TSGLI does not apply to those who were severely wounded prior to the program's implementation date of Dec. 1, 2005. To properly acknowledge all who have served and sacrificed in the current conflicts, the VFW strongly supports grandfathering TSGLI eligibility back to the beginning of the war, Sept. 11, 2001.

## RETIREES AND SURVIVORS

TRICARE: The TRICARE program has afforded active-duty military personnel, retirees, and their families a high-quality benefit that we believe keeps faith with the unique service they have provided to the nation. We strongly oppose the increases in the President's FY 2012 budget.

Concurrent Receipt: The VFW supports legislation for the full concurrent receipt of military retirement pay and VA disability compensation without offset, and regardless of the rating percentage.

In 2004, Congress passed legislation that gradually phased in by 2014 the full current receipt of military retirement pay and VA disability compensation without offset, but only for those 20-year or more retirees who have 50-percent or higher disability ratings. Excluded were those service-connected disabled military retirees with VA ratings of 40 percent and below, and Chapter 61 retirees, who were medically retired with less than 20 years, regardless of VA disability rating.

All veterans should be entitled to receive full disability compensation concurrently with their military retirement pay, regardless of the nature of the disability (i.e., combat-related vs. noncombat-related disabilities, the number of years of service, degree of disability, etc.).

Survivor Benefit Plan-Death Indemnity Compensation: The VFW calls on Congress to repeal the "Widow's Tax." Congress for years has promised military spouse survivors that they would repeal the dollar-for-dollar offset that plagues the military Survivor's Benefit Plan (SBP), a purchased insurance that pays a percentage of military retiree pay to surviving spouses. Unfortunately, the "Widow's Tax" requires survivors of active duty or retirees who die from service-connected causes to forfeit a dollar of their SBP annuity for every dollar they receive from VA's Death Indemnity Compensation (DIC) program.

Survivors grieve enough. All should receive SBP and DIC without offset.

## ACTIVE DUTY ISSUES

The War on Terrorism has greatly increased the demands of those serving on active duty and in the Guard and Reserve. As a result, active military and Reserve Component members are deploying at an alarming rate to fight the present day war on terror at home and abroad. More than one third of today's troops have served at least two tours of duty in Iraq or Afghanistan.

The VFW is committed to improving the quality of life for all active military and Reserve Component members and their families. The VFW is increasing its efforts to provide Guard and Reserve members with benefits and entitlements equal to their participation and contribution in today's conflicts. We will help ensure that our men and women in uniform receive the most modern equipment, best training and resources they need to succeed, and we will continue to urge Congress to provide critical support services for the family members of those serving.

The VFW firmly believes in taking care of the people who accomplish the mission, and although most of the below issues fall under the purview of your respective Armed Services Committees, each of you has a personal stake and a vote to ensure a strong and viable military. We view the following bullets as essential to ensuring a high-quality, all-volunteer military:

- Servicemen and women deserve base pay equity to their private-sector workers.
- Benefits and entitlements must keep pace with inflation.
- Increased funding is necessary to upgrade or replace military family housing, recreation and work facilities, and equipment worn out after almost 10 years of war.
- Congress must lower the retirement pay age from 60 to 55 for all Reserve Component members. At the very least, Congress must make retroactive to Sept. 11, 2001, the FY 2008 defense budget provision that allows Reserve Component members to receive retirement pay earlier than age 60 by three months for every 90 days served on active duty in support of a contingency operation.

## POW/MIA ISSUES

The VFW has an unwavering commitment for the nation to obtain the fullest possible accounting for all warriors still missing and unaccounted-for. This is the most sacred of missions, and none of our members will truly rest until we know the whereabouts of everyone who did not return home from war.

Recent changes to the law now require the Joint POW/MIA Accounting Command (JPAC) to identify 200 missing servicemen annually by 2015. This rule change, which did not come with increases in personnel or funding, cannot diminish the work that is currently being done in Southeast Asia, Russia, Eastern Europe and the Korean Peninsula. Shifting resources elsewhere will only make current work more complicated. Witnesses will be harder to find, and acidic soil conditions will continue to destroy the remains that are left. We urge full funding for the JPAC, as well as the Defense POW/Missing Personnel Office. VFW wholly supports the U.S.-Russia Joint Commission on POW/MIAs and we ask Congress to fully fund and staff the commission.

Mr. Chairmen, I thank you again for the honor to present the VFW's priorities to you. I would be happy to answer any questions that you or the members of your Committees may have.