

THOMAS C. McGRIFF AMERICAN VETERANS (AMVETS) NATIONAL COMMANDER

STATEMENT OF THOMAS C. McGRIFF
AMERICAN VETERANS (AMVETS) NATIONAL COMMANDER
BEFORE A JOINT SESSION OF THE COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE
UNITED STATES HOUSE OF REPRESENTATIVES

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Chairman Akaka, Chairman Filner, Ranking Member Craig, Ranking Member Buyer and members of the House and Senate Veterans' Affairs Committee. I am Tom McGriff, National Commander of AMVETS. I am pleased to present our legislative agenda for 2007. On behalf of AMVETS, the AMVETS Ladies Auxiliary, the Sons of AMVETS and our other subsidiary organizations, thank you for giving us this opportunity.

I hail from the great State of Texas. I proudly joined AMVETS in 1991 after serving more than 30 years with the United States Navy. I have dedicated my life to military service and to helping veterans. To-day is no exception. For more than 60 years, this organization has taken to heart the doctrine of providing our fellow veterans with the type of support they truly deserve. From the professional advice of our service officers, to our legislative efforts on Capitol Hill, to the thousands of AMVETS volunteers, we are involved, active, and committed to improving the quality of life in our local communities.

Last October, AMVETS hosted the "National Symposium for the Needs of Young Veterans" in Chicago, Illinois. More than 500 veterans, active duty and National Guard and reserve personnel, family members, and others who care for veterans examined the growing needs of our returning veterans. The Symposium examined 39 pressing issues that fall under four major areas of concern: homelessness, health care, employment and benefits. The participants drafted 120 recommendations to address these issues.

AMVETS has prepared and published a copy of our final report titled "Voices for Action: A Focus on the Changing Needs of America's Veterans." Copies of the report have been provided to you and your staff. The recommendations contained in the report will drive AMVETS' priorities over the next several years. Our Past National Commander and Symposium Co-Chair, Mr. Bill Boettcher, will speak in more detail about the Symposium after I conclude my remarks.

Mr. Chairman, there is a new congressional majority, some new faces in the halls of Congress and also on the Veterans' Affairs Committees. Despite these political changes, the overriding need of our veterans ultimately remain the same - the opportunity to make a successful and meaningful transition from active duty back into the civilian community. For some veterans, this will mean access and utilization of the GI Bill education programs. For others it will mean access to adequate health care. And, for those who were injured in the line of duty, it will require disability and compensation and other types of special care and services. I know that there are differences on how best to meet the needs of our veterans. However, one of my goals as Commander is to encourage an open dialogue that removes veterans' issues from party politics here on Capitol Hill.

One of the obligations of AMVETS, as outlined in the organization's Constitution, is the requirement "to act as a liaison agent between the veteran and the government." We will not waiver in this endeavor. Despite the changes in Congress, we will continue to dedicate ourselves to the service of all veterans and their families. AMVETS will continue to fight for open health

care enrollment, mandatory veterans' health care spending, improved access to benefits and services and Seamless Transition.

Mr. Chairman, for far too long, VA budget hearings and veterans issues have been utilized for political grandstanding. The simple fact remains that Congress has a moral and legal responsibility to provide appropriate funding for the Department of Veterans Affairs. Funding the federal government is a congressional responsibility and not an Executive Branch responsibility. Simply put, "Congress has the power of the purse."

Mr. Chairman, in May 2001, President George W. Bush signed Executive Order 13214 creating the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans (PTF). The charge to the task force was to identify ways to improve health care delivery to Department of Veterans Affairs (VA) and Department of Defense (DoD) beneficiaries through better-coordinated and improved business practices. In May 2003, the PTF issued its final report and recommendations. Recommendation 5.1 stated:

The Federal Government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal.

Recent history demonstrates why Congress should pass legislation to make VA health care funding mandatory spending. In fiscal year 2005, VA faced a \$1.3 billion shortfall in spending and Congress had to include additional funding in an emergency supplemental appropriations. For fiscal year 2007, Congress failed to pass the annual VA spending bill and now the department is operating under a Continuing Resolution that is well below the fiscal year 2007 requested levels.

Looking at the administration's budget request for fiscal year 2008, VA requests \$34.2 billion for veterans' health care, a \$1.9 billion increase over the continuing resolution. AMVETS, along with our Independent Budget partners, recommends Congress provide \$36.3 billion to fund VA medical care for fiscal year 2008, an increase of \$4 billion over the current Continuing Resolution and \$2.1 billion over the administration request.

Mr. Chairman, AMVETS believes that mandatory or assured funding is a realistic and necessary solution to the annual funding problems at the Department of Veterans Affairs. With the exception of VA and the Military Health Care System, most Federal health care spending is already mandatory in nature.

We will remain insistent about the funding the needs of the VA health care system. I would like to clearly state that AMVETS along with its Independent Budget partners strongly supports shifting VA healthcare funding from discretionary funding to mandatory. We believe that moving to mandatory funding would give certainty to healthcare services.

Mr. Chairman, the central issue to the mandatory funding debate is whether or not service-connected veterans are entitled to receive medical care for their service-connected injuries or illnesses. According to Congress, veterans are "entitled" to receive VA medical care for the service-connected injuries or illnesses. Let me be very clear. If veterans have filed a claim for damages against the government for injury or illness incurred while serving in uniform, and the government legally accepts or grants a veteran's claim then the funding to provide health care for these damages should be assured.

Over the last several years, there have been repeated calls by key lawmakers to implement mandatory funding for VA health care. There have been press conferences and numerous hearings where Members of Congress have explicitly expressed their support for mandatory spending for VA health care. AMVETS believes that now these Members of Congress have a responsibility to fulfill their promises - to include the promise of mandatory funding for VA health care. AMVETS is anxious to work with both House and Senate Leadership to help fulfill their commitment to make veterans health care funding mandatory spending.

Mr. Chairman, we reaffirm our belief that VA should re-open enrollment for the Priority 8 that are now "locked-out" of the system. The present uncertain access status and funding of Priority Group 8 veterans is unacceptable. Individual veterans have not known from year to year if they will be granted access to VA care and the President and Congress should work together to solve this problem.

The issue of non-service connected veterans accessing VA health care is not new. Since colonial times, this country has pledged its continued support for medical care and other benefits for those who served in the military. During the 1920s, three federal agencies-the Veterans Bureau, the Bureau of Pensions in the Interior Department, and the National Home for Disabled Volunteer Soldiers-administered various benefits for the nation's veterans. The Congress, in 1924, gave wartime veterans with nonser-vice-connected conditions access to Veterans' Bureau hospitals. With the establishment of the Veterans Administration (VA) in 1930, previously fragmented care for veterans was consolidated under one agency. Over the years, Congress expanded eligibility for hospital care and it was gradually extended to wartime veterans with low incomes; then, in 1973, to peacetime veterans with low incomes; and finally, in 1986, to higher-income veterans.

In 1996, Congress passed and the President signed H.R. 3118, the Veterans' Health Care Eligibility Reform Act. This veterans' health care bill updated and simplified many of the outdated and existing eligibility rules in effect at that time. Most importantly, the bill established a "medical need" as the sole test for veterans who enroll for care with VA. In short, veterans have generally always had access to the VA health care system and they should not now be denied access because of a lack of funding; especially if they are willing to pay for these health care services.

We are opposed to the Administration's request to once again recommend an increase in prescription drug co-payments from \$8 to \$15, and an indexed enrollment fee, based on veteran incomes. AMVETS believes that these proposals are intended to drive veterans from the VA health care system. A loss of VA enrollees would most likely result in a significant decrease in third-party reimbursements. Congress has soundly rejected these proposals in the past, and we ask you do the same this year.

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

Equally important, AMVETS is concerned about the lack of awareness and screening among health care professionals for Traumatic Brain Injury (TBI). It has been reported that about 10 percent of all service personnel, and up to 20 percent of frontline personnel, suffer concussions

during combat tours. Studies show that multiple concussions can lead to permanent brain damage. PTSD and TBI clinically present the same symptoms. However, the treatments are considerably different. AMVETS would encourage the Department of Veterans Affairs to establish an education and diagnostic screening program for Traumatic Brain Injury.

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

In addition, much of the recent increase in health care costs are the result of Congress, spearheaded by some on this Committee, to correct previous shortfalls and inequities in military quality of life programs - including easing the double-digit military "pay gap" and correcting the unconscionable situation before 2001 when military beneficiaries were summarily dropped from TRICARE coverage at age 65.

Mr. Chairman, the military profession is still a "people business," and "boots on the ground" will always be essential to any conflict. Recruiting quality personnel will continue to be an issue and attractive benefits are part of the cost of doing business.

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

AMVETS firmly believes that service-connected disabled veterans should receive fair, timely, and appropriate compensation for their injuries. We fully support initiatives that would raise the rates of veterans' compensation to keep pace with the rising cost-of-living in this country or efforts to automatically increase veterans' disability benefits each year by the Consumer Price Index (CPI), without an act of Congress.

AMVETS is working with a broad coalition of VSOs and we are committed to ensuring full access to employment opportunities for our nation's veterans. It is important that programs and policies at the federal level continue to help veterans establish private businesses, and give them priority in employment opportunities. We believe the Transition Assistance Program (TAP) is a quality program and a key component in the assimilation of veterans into the workforce.

However, we would like to see greater participation from the National Guard and Reserves.

The Department of Defense estimates that 68 percent of separating service members attends full TAP seminars, but only 35 percent of the Reserve Components attend. Countless numbers of National Guard and Reserve troops return from the war only to encounter difficulties with their federal and civilian employers at home. AMVETS encourages Congress to explore ways to make TAP participation

mandatory for active duty military as well as for those in the Guard and Reserves. We would also encourage continued oversight over the Uniformed Services Employment and Reemployment Rights Act.

We are greatly disappointed that Congress authorized private attorneys to access VA and charge veterans for representation in veterans' disability claims. The Veterans Benefits Administration

has indicated allowing attorneys to represent veterans will only complicate and lengthen the resolution of veterans' disability claims. AMVETS has 58 National Service Officers located across the country whose sole job is to aid veterans with their claim. We can provide - free of charge - a more thorough and complete representation for veterans and their families. We do not have any financial interests in a claim and we know the VBA system. I ask that this Committee review its decision, and rescind the measure.

Regarding claims - the backlog is way over the 600,000 mark and it continues to grow at a rapid rate. Rather than making headway and overcoming the chronic backlog, VA has lost ground on the problem. By VA's estimates, over 263,000 OEF/OIF veterans will seek VA services; most of them will want to file a claim. Secretary Nicholson has said that reducing the backlog is one of VA's highest management priorities.

The reasons for the claims backlog are many - veterans repeatedly filing claims, a lack of quality control, misplaced or lost documentation and a lack of staffing. Overall, AMVETS believes that a lack of quality control is central to this issue. VA must establish a long-term strategy focused on attaining quality and not merely achieving quotas in claims processing. VBA can greatly reduce the backlog by hiring more staff, initiate quality training programs, and most importantly, institute an accountability program. Therefore, AMVETS recommends funding levels in fiscal year 2008 that are adequate to meet the real staffing and other needs of the VBA.

In addition, AMVETS would encourage the VA to expand the practice of putting adjudication officers in VA offices aboard active duty military bases. For example, VA has an office aboard Camp Lejeune, NC. The office is staffed with qualified contract medical personnel and full-time VA claims adjudicators. Separating servicemembers are provided compensation exams on base. Many claims are adjudicated and issued a temporary a temporary rating decision pending receipt of a DD-21 4. Once discharged, many new veterans are receiving compensation and disability benefits within 30 days of final release from active duty.

Unfortunately, VBA centralized the process of awarding a final decision from a veterans' local regional office to either Winston-Salem, NC or Salt Lake City, UT depending on the geographic location of a veterans' home of record. This has geographically separated the veteran and the veteran's local legal representation from effectively working the claim.

The AMVETS would also like for the Committees to hold DOD and VA accountable for making "Seamless Transition" a reality. Despite years of collaboration on a single separation physical and the development of the Benefits Delivery at Discharge exam, DOD and VA still conduct separate separation physicals and separate compensation and pension exams. Furthermore, separation physicals are still not mandatory. Congress should require the DOD to conduct mandatory separation physicals and also require DOD to utilize the BDD that was jointly developed and agreed to by both agencies.

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

I would be remiss if I did not mention the recent revelations regarding patient conditions at Walter Reed Army Medical Center. These conditions are unacceptable and AMVETS supports the President's recent announcement. However, AMVETS is deeply disturbed that the media has unilaterally "lumped" problems with the military health care system into the same arena of the VA health care system. For every reported horror story about VA health care, there are hundreds

of thousands of good stories that are not being reported. Simply put, VA offers some of the best health care in the world and many veterans choose the VA health care system over private plans. The real tragedy in this sad story is the fact that wounded service personnel are having to endure an extremely long and complex bureaucratic process to transition from the Department of Defense health care system to the VA health care system. In short, there is a lack of seamlessness.

Mr. Chairman, the National Cemetery Administration (NCA) has done a tremendous job of improving the character and condition of our nation's cemeteries. However, the system continues to be seriously challenged. Adequate resources and developed acreage must keep pace with the increasing demand. The NCA expects to perform 105,000 interments in 2008, an 8.4 percent increase since 2006. By 2009 annual interments are expected to reach 117,000. AMVETS strongly recommends that Congress establish a 5-year \$250 million National Shrine Initiative to restore and improve the conditions of our national cemeteries.

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

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

It is also time to increase the travel reimbursement rate for our veterans. Right now, injured veterans receive just a small fraction of the expenses they incur while traveling to VA. In many cases, after the \$6 roundtrip deductible is subtracted, veterans receive nothing for their expenses. AMVETS supports legislation that would eliminate the deductible and equate the mileage reimbursement with the federal employee rate.

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

I would now like to briefly highlight some quality programs within the AMVETS organization that are making a difference in local communities. Since its inception in the 1950s, the AMVETS National Scholarship Program has awarded more than \$2 million in scholarships to graduating high school students. For the past 19 years, AMVETS has sponsored a youth leadership program in cooperation with the Freedom's Foundation at Valley Forge, Pennsylvania, that has served more than 800 youth to date.

At the Department of Veterans Affairs, AMVETS is proud to serve on the National Advisory Committee of Veterans Affairs Voluntary Service Program. Last year, more than 3,000 AMVETS, Ladies Auxiliary and Sons volunteers tallied over 208,000 hours of voluntary service at 146 VA Medical Centers. In addition, some 105,000 AMVETS from across the country invested more than 692,000 hours in helping veterans and providing an array of community services to enhance the quality of life for our nation's citizens. I am pleased to report that based on The Independent Sector Formula,

AMVETS provided in excess of \$22 million in voluntary service to the local community. These are just a few examples of the good work our people are doing out in the field.

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

Again, thank you for extending me the opportunity to appear before you today, and thank you for your support of veterans. I hope all of you will be able to join us tonight for our annual congressional reception and Silver Helmet presentation to The Honorable Michael Michaud of Maine, to be held in room 345 of the Cannon House Office Building from 5:30 to 7:00 p.m.

This concludes my testimony. Thank you.