



Veterans Helping Veterans since 1896.

**Statement of
Jewish War Veterans of the USA
2017 Legislative Priorities
Before the Joint Senate and House
Veterans Affairs Committees**

March 22, 2017

**Presented by
COL Carl A. Singer, USA, Retired
National Commander, JWV**

Jewish War Veterans of the USA (JWV) has been helping veterans and preserving the legacy of American Jewish military service for over 120 years. We represent the Jewish voice across the nation and at military installations around the world. While our largest contingent are WWII and Korean War veterans, we have many Vietnam era veterans and our fastest growing demographic is those who served in Desert Storm and the War on Terror. Volunteering at VA facilities, hosting educational programs, and supporting patriotic organizations like Boy Scouts of America, lead the efforts our members make to serve the American veteran and our country.

The following military and veteran issues are the most relevant and concerning to our members. Last month, we brought these reforms to Capitol Hill, in member-led meetings with individual Congressmen. However, that local representation is not enough. JWV urges the House and Senate Committees to address our concerns for all veterans across the nation. You must:

- Keep the **VHA intact**, expanding to private care only when VA care is unavailable. Extending the Choice Act deadline cannot mean privatization;
- Scrupulously review VA administrative processes and metrics and **grant the agency broader authority to implement more efficient, veteran-centered care**;
- Continue **strengthening the relationship between VA and DOD** with the top priority of seamless transition of records and research between the two entities;
- **Decrease veteran suicides** through improvements of, and increased access to, mental health services;
- Provide **equal treatment and full range of healthcare services for our women veterans**;
- **End veteran homelessness** by bolstering funding and incentives to build tightknit relationships and referral services among community service providers and the VA.

Veterans Healthcare Administration as an Integrated Enterprise

Sec. McDonald's team made great strides in improving both the culture and processes of the VA system after the 2014 Phoenix tragedy. A change in administration must not impede this progress. During debates at our National Convention, JWV members overwhelmingly favored VA healthcare and agreed that the VHA must remain intact *as long as* administrative processes continue to improve. The online application system and improved call centers, for example, are just the beginning of the technological transformation VHA has needed. VHA must become an integrated enterprise with uniform processes, management systems, and recordkeeping. One system makes for transparent policies and promotes a culture of care that our veterans have been missing.

To improve VHA administration:

- **Do Not Privatize Veterans Health Administration**

On March 6, Committee Chair Roe said, "If you feel like you're not getting the care you need at the VA hospital, then you should have the choice to go where you want. [Veterans deserve] the absolute best health care that can be provided by anybody in the world."

JWV believes the best veteran healthcare *is* at the VA. It is the administrative practices that need improving. Sending veterans to the private sector shirks our nation's duty to care for its servicemembers. Extending the Choice Act deadline must not mean privatization.

With so many resources already invested, there is no reason to dismantle the VA medical system. Instead of dismantling or privatizing, keep the system intact and make much-needed administrative improvements, specifically decreased wait times, streamlined enrollment process, and improved accessibility for specific demographic groups such as veterans aged 80+.

- **Grant Broader Authority Over VA Employee Review and Termination Processes**

Pass the **VA Accountability First Act of 2017 [H.R. 1259/S. 493]**. Grant the VA a broader authority to take action with, and/or terminate, underperforming employees, regardless of Union or Civil Service Rules. Implement in concurrence with an efficient and fair appeals process. Like all major healthcare systems, VHA needs a dynamic review process to certify staff are delivering timely, quality care.

- **Decrease Appointment Wait Time/ Reform Wait Time Metrics**

The confusing, and often misleading, appointment wait time estimations and experiences our members have faced is astounding. An integrated enterprise

requires clear goals and metrics. The VA must build a reasonable appointment scheduling timeline with concrete metrics – that your Committees should receive quarterly.

The National Academy of Sciences' 2015 study¹ on suggested appointment benchmarks summarized best practices across the industry. NSA suggests that a patient should have an appointment scheduled within 7 days of the request; non-urgent appointments should occur within 14 days and specialist appointments within 30 days. While wait times have improved over the past two years, the March 2016 Government Accountability Office Report² detailed a 14-month study that revealed wait times inconsistent with wait times officially reported by the VA.

Congress must define the reporting metrics as:

- number of business days after patient requests appointment to scheduling of appointment;
 - number of business days from scheduling of appointment to date of appointment;
 - number of business days after a patient requests appointment to the date of the appointment (combined total).
- **Create Uniform System of VA-DOD Medical Recordkeeping**
Former Sec. McDonald stated in his final VSO Roundtable this past January that the DOD and VA use different recordkeeping systems and do not have a process in place to share either patient data or research data. To improve care, to save lives, and to cut costs, our defense agencies must share information under a uniform system.

JWV urges you to pass legislation to transition the DOD and VA to one medical recordkeeping system that allows for seamless information sharing.

Strengthening VA Healthcare

JWV is particularly concerned about the full range of VHA services. We must meet the needs of all veterans, especially our most vulnerable like those suffering from MST or those that are homeless. Veterans with Other Than Honorable discharges are also a sub-group that require dispensation for mental health care. To uphold its promise of “continuous performance improvement,” the VA must strengthen targeted healthcare services, but it cannot without your directive.

- **Increased Prevention of Veteran Suicide**
The VA reports that an average of 20 veterans die by suicide daily. This is unacceptable. Make veteran mental health a high priority for the VA, allocating

¹ Committee on Optimizing Scheduling in Health Care, et al. *Transforming Health Care Scheduling and Access*. (DC: National Academies Press, 2015), Ch. 2. <https://www.ncbi.nlm.nih.gov/books/NBK316141>.

² United States Government Accountability Office. *VA Health Care: Actions Needed to Improve Newly Enrolled Veterans to Primary Care*. GAO-16-328, 2016. <http://www.gao.gov/assets/680/675867.pdf>.

funds to improve mental health staff training, implement a uniform training program, and increase mental health services overall.

We support the VA's efforts to better connect the Veteran Crisis Line with Suicide Prevention Teams at each VAMC, but more must be done to ensure same-day treatment. JWV urges you to pass the **Sgt. Brandon Ketchum Never Again Act [H.R. 874]** to close this gap in care. Furthermore, you must follow Sec. Shulkin's lead and extend mental health coverage to veterans with Other Than Honorable discharges. Mental healthcare is vital for a successful veteran life.

- **Improve Patient-centered Referral and Treatment Process for Military Sexual Trauma (MST)**

Recent revelations of online harassment and misconduct are sickening. Founded on the principle of fighting bigotry, JWV demands equal and just treatment of women veterans. Under these harsh circumstances, it is unsurprising that a 2016 VA-funded survey study³ revealed that nearly half of women who report enduring MST do not seek treatment at the VA. Congress must provide additional funding to train VA staff in a uniform, empathetic, and gender-specific process to perform screenings, referrals, and care of patients who suffer(ed) from MST. Improving the adjudication process of MST claims while employing patient awareness campaigns is a great stride toward the gender-specific care veterans affected by MST deserve.

- **End Veteran Homelessness**

Through community partnerships and HUD-VA programs, veteran homelessness has declined by nearly 50%, proving that strategic partnerships and following best practices of homelessness prevention (e.g. Housing First Model⁴) yield positive results. But even one homeless veteran is too many.

End veteran homelessness by tackling the problem within the context of each community. Strengthen, and negotiate for additional, partnerships with human services organizations, to improve VA programs. Grant the VA broader authority to allow greater information sharing between agencies to improve services. And protect HUD veteran homelessness programs. With nearly 50,000 veterans displaced every night, and female veterans being a disproportionate number of them, we must not back down.

- **Expand Caregiver Benefits**

Pass **H.R. 1472/S. 594** to expand eligibility to include full-time pre-9/11 veteran caregivers. Caregivers save the VA in health costs and give the veteran the

³ Patrick Calhoun, et al, "The Association Between Military Sexual Trauma and Use of VA and Non-VA Health Care Services Among Female Veterans With Military Service in Iraq or Afghanistan," *Journal of Interpersonal Violence*, Jan 21 2016. <http://journals.sagepub.com/doi/pdf/10.1177/0886260515625909>.

⁴ Ann Elizabeth Montgomery, Lindsay Hill, Dennis P. Culhane, and Vincent Kane, *Housing First Implementation Brief*. (Philadelphia: US Department of Veterans Affairs, April 2014). <https://www.va.gov/homeless/nchav/docs/Housing-First-Implementation-brief.pdf>.

personalized treatment s/he wants. Caregiver training, respite care, employment and financial services, and increased access to mental health care, are vital to the health of veterans and caregivers. Congress must not only fund these services and training, but also extend them to full-time pre-9/11 veteran caregivers. To fully support the 5.5 million military caregivers⁵ that tend to our wounded, disabled, and ill veterans, pass this bipartisan bill immediately.

Continue Research and Treatment for Service-Related Toxin Exposure

If exposed to toxins while serving, veterans and their families must receive proper care and treatment, no matter when toxic effects appear. Not only must safety standards be scrutinized, but also medical research must be ongoing to ensure a lifecycle of care. For example, just eight weeks ago *The New York Times* reported⁶ on bone-softening and cancerous effects from exposure to nuclear matter during clean-up efforts at Enewetak Atoll in the late 1970s. There have been reported cancer clusters impacting dependents living at some military bases. Effects may arise at any time – for the veteran or for his/her family. Our country must uphold its oath to take care of its service members and veterans through all aspects of war.

- **Update and Pass Agent Orange Extension Act of 2015**

This month saw the release of the last of the series of scientific studies⁷ on the effects of Agent Orange conducted by the National Academy of Medicine. Bladder cancer, Parkinson’s-like symptoms, and hypertension are now strongly linked to exposure to Agent Orange. These conditions must be added to claims eligibility.

Update and pass the **Agent Orange Extension Act of 2015**, funding the ongoing research into the long-term effects and providing full treatment of Vietnam veterans, and their families, exposed to Agent Orange.

- **Close Gap in Laws Intended to Treat Camp Lejeune Veterans**

The “**Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012**” and “**Consolidated and Further Continuing Appropriations Act of 2015**” have inconsistent language and, thus, the VA is no longer reimbursing health care expenses of veterans who suffer from illnesses due to their service at Camp Lejeune between January 1, 1957 and December 31, 1987. Congress must reconcile the language and cover 100% of their care.

- **Pass the Blue Water Navy Vietnam Veterans Act of 2017 (H.R. 299/S. 422)**

⁵ Rajeev Ramchand, et al. *Hidden Heroes: America's Military Caregivers*. (Santa Monica, CA: RAND Corporation, 2014). http://www.rand.org/pubs/research_reports/RR499.html.

⁶ David Phillips, “Troops Who Cleaned Up Radioactive Islands Can’t Get Medical Care,” *New York Times* (NYC), Jan. 28, 2017, <https://www.nytimes.com/2017/01/28/us/troops-radioactive-islands-medical-care.html>.

⁷ National Academies of Sciences, Engineering and Medicine, *Veterans and Agent Orange: Update 2014*. (DC: National Academies Press, 2016). <https://doi.org/10.17226/21845>.

Fund research and extend full healthcare treatment of Vietnam veterans exposed to the toxic pesticide known as Blue Water. Our Navy veterans of the Vietnam war are still feeling the long-term effects of exposure. You cannot deny their health needs. **Pass H.R. 299/S. 422.**

Protecting and Enriching Employment Opportunities for Veterans

Whether called to active duty as a Reservist or transitioning to civilian life when decommissioned, our service members must have access to, and protection of, gainful employment. Congress cannot allow the private sector to skirt around USERRA. Furthermore, employment programs funding must continue for DOL, HUD, and VA employment programs and expanded to include spousal services.

- **Preserve and Honor the Intention of USERRA**

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) is an iteration of legislation enacted since the Civil War. Its intention is to protect veterans' and reservists' civilian employment when they are absent during military service. If a service member believes s/he was discriminated against by the civilian employer, a claim is made with the Department of Labor and it can go to trial in a federal court. Numerous employers are now making a condition of employment a waiver of this right to federal trial. The 2008 Service Members Access to Justice Act and the 2016 Justice for Service Members Act have both attempted to right this wrong, but neither passed.

Protect the intent of USERRA and outlaw the practice of waiving the right to federal trial as a condition of employment for veterans and reservists.

- **Improve Employment Opportunities for Veterans and Their Spouses**

Transitional services for veterans have improved, but the preparation and translation of skills for civilian work are still highly needed. The VA's Military Skills Translator, for example, should be incorporated into federal government and all state governments hiring programs.

Blue Star Families 2016 survey⁸ details major concerns for spousal employment and career stagnation due to frequent relocation also remain unchecked. Not only must funding continue for DOL, HUD, and VA employment programs, but also expanded to include spousal services.

⁸ Blue Star Families, Military Family Lifestyle Survey. Dec. 2016, <https://bluestarfam.org/wp-content/uploads/2016/12/ExecutiveSummary-Survey16-Finalpages.pdf>.

Never Forgetting Those Missing

- **Fund the Mission to Bring Home Our POW/MIA**

Conceived in 2015, the Defense POW/MIA Accounting Agency (DPAA) was organized as one agency overseeing the accounting of all missing DOD members. With only two years in operation, the agency is stalled with lack of funding and no director. Clearly, Congress does not prioritize taking care of our servicemembers to full lifecycle.

JWV stands with The National League of POW/MIA Families, demanding that DOD expedite the hiring of a well-respected, knowledgeable, and compassionate Director and Congress fully fund DPAA. Pass full FY17 funding and account for the 1617 servicemembers currently missing.

JWV believes that veterans' benefits are earned through service and sacrifice and are not "entitlement" or "social welfare" programs. When our nation chooses military engagement, that does not end with the mission at hand. It ends with care and protection of the humans that make it possible. Provide proper, timely, and quality medical treatment to our veterans. Protect education and labor benefits. Ensure fair treatment of all veterans, including those with mental health needs. On behalf of our members and supporters, JWV thanks you for supporting veterans and their families.

National Commander COL Carl A. Singer (U.S. Army, Ret.)



COL Carl A. Singer was elected National Commander of the Jewish War Veterans of the USA at the 121st Annual National Convention in Savannah, GA.

Carl was born on a westbound freight train along the Polish/Ukrainian border. After living in a Displaced Persons camp, he arrived in the United States at age 3½ and grew up in Cleveland, Ohio. He now lives in Passaic, New Jersey. Carl has lived in 10 states “long enough to get mail.”

Drafted in 1970, Singer served with an elite “mini-staff” in the Planning and Programming Analysis Division (PPA) of the Army Chief of Staff’s Office, attaining the rank of Specialist 5 (SP5). He was then awarded a direct commission to First Lieutenant. He later served with the Secretary of the Army for Research and Development, and at TRADOC, the Training and Doctrine Command. His last assignment was with the US Army War College Center for Strategic Leadership, where for 10 years he led a team of colonels supporting the annual Strategic Crisis Exercise. He is a graduate of both the US Army War College and the US Army Command and General Staff College. His awards include the Legion of Merit and the Meritorious Service Medal. Singer retired with 31 years of service.

Dr. Singer has enjoyed a varied and interesting professional career. He was a vice president with the Enterprise Program Management Office at the Bank of New York Mellon, where he provided oversight and guidance to critical Information Technology projects. He also served as a consultant to the Institute for Defense Analyses, a Washington think tank. He previously served as a senior consulting faculty member at IBM’s Advanced Business Institute (ABI), where he focused on issues related to effective management. He was a member of the technical staff at Bell Communications Research, and also served as a foreign exchange forecaster at Chase Econometrics and was a consultant to the Chase Manhattan Bank.

Carl and his wife, Miriam, a professor in the Department of Education at Fairleigh Dickinson University, have been married for 40 years and have three sons. They are blessed with five grandchildren, ranging in age from 2 to 12.

A lifelong learner, Singer recently completed an MS degree in Homeland Security at Fairleigh Dickinson University with a focus on Terrorism and Cyber Security. Additionally, he has a BS in Organizational Science from Case Institute of Technology and did graduate work there in Operations Research. He has an MS in Industrial and Operations Engineering from the University of Michigan and a PhD from Purdue University’s Krannert School of Management.

Singer also volunteers for many organizations in addition to his work with the JWV.

"Standing on the shoulders of those who have come before me, it is an honor to represent the Jewish War Veterans of the USA. Tens of thousands of Jews have served this great country from Revolutionary War times to the present."

Founded in 1896, the Jewish War Veterans of the United States of America is the oldest active veterans' organization in America. JWV is dedicated to upholding America's democratic traditions and fighting bigotry, prejudice, injustice and discrimination of all kinds. As a national organization, JWV represents the voice of America's Jewish veterans on issues related to veterans' benefits, foreign policy and national security. JWV also commits itself to the assistance of oppressed Jews worldwide.

For more information, contact Jewish War Veterans of the United States of America at 1811 R Street NW, Washington, DC 20009 or by phone at 202-265-6280 or via email at jwv@jwv.org.