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DEPARTMENT OF VETERANS AFFAIRS

TESTIMONY OF

the

NATIONAL ASSOCIATION OF STATE DIRECTORS
OF VETERANS AFFAIRS

presented by

JOHN A. SCOCOS, NASDVA PRESIDENT,
and SECRETARY of the
WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

before the

JOINT HEARING
of the
COMMITTEES ON VETERANS' AFFAIRS OF
THE U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES

on

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INTRODUCTION

Chairmen Akaka and Filner, Ranking Members Burr and Buyer, and members of the Senate and House Committees on Veterans Affairs, thank you for holding today's joint hearing. By way of introduction, I have been with the Wisconsin Department of Veterans Affairs for nearly 13 years in total, including more than four years as Secretary. I'm an Army veteran with more than 28 years of service, and I recently returned from service in Iraq. I currently represent the members of the National Association of State Directors of Veterans Affairs (NASDVA) as its president.

ABOUT NASDVA

We appreciate the continuing opportunity to communicate with and provide public testimony before your committees over the last eight years.

NASDVA is an organization with a history dating back to the Second World War. It is composed of state directors of veterans' affairs and state department of veterans affairs (SDVA) staff. NASDVA's members meet twice annually to share and develop best practices in state veterans programs, communicate with top federal veterans affairs and defense officials, and share information regarding federal and state issues of key concern.

NASDVA's members - and, as expressed in the policy positions of the National Governors Association, our Governors - firmly believe federal benefits and services should be equally available to all veterans, regardless of where they reside, and that federal and state governments must collaborate to achieve this goal nationally.

EDUCATION

G.I. Bill: In 1944, the original G.I. Bill provided for the full cost of a higher education plus a living allowance for our Greatest Generation of WWII veterans. Today's newest Greatest Generation deserves nothing less than the same. While the original G.I. Bill has been allowed to erode since that time, a number of states provide full or partial veterans tuition assistance to make up for the lack of adequate federal G.I. Bill educational benefits, and we have seen news of private foundation efforts to also provide stop-gap assistance. However, individual states' taxpayers and charitable donors should not have to make up the difference between the cost of an education and the amount of federal G.I. Bill benefits provided to our newest Greatest Generation of veterans.

At our February Mid-Winter conference, NASDVA's members heard from the Student Veterans of America about the economic and social benefits of, and the pressing need for a revitalized G.I. Bill. NASDVA then resolved to call for a G.I. Bill for the 21st Century, with educational benefits that include full tuition, books, and fees paid at any public or private institution of higher learning, plus a monthly living stipend. NASDVA's members further resolved to call for eliminating any pre-payment made by military service members, expanding G.I. Bill eligibility for Reserve and National Guard veterans at a level equal to the active component, and allowing for unused benefits to be used by the veteran's family members.

OUTREACH

Outreach: As noted in our Congressional testimony over the last eight years, the SDVAs are not provided federal funding for outreach or assistance to the 24.5 million veterans we serve. NASDVA has repeatedly called for the creation of a federal grant program to provide outreach to veterans regarding available benefits, programs, and services. For the last number of years, NASDVA's members have also resolved to call for federal outreach grants to be provided through the SDVA.

S.1314, the Veterans Outreach Improvement Act: NASDVA's members recently resolved to renew support for S. 1314, the Veterans Outreach Improvement Act authored by one of Wisconsin's U.S. Senators, Russ Feingold in close coordination with NASDVA.

PARTNERSHIPS WITH THE FEDERAL GOVERNMENT

State Veterans Cemeteries Burial Plot Allowance: The National Cemetery Administration maintains 125 national cemeteries. The national commitment to honoring our nation's veterans in their final resting place has been enhanced by the VA State Cemetery Grant Program (SCGP) in 38 states and two territories, including 69 operational state veterans cemeteries and five currently under construction that have received federal VA funding.

We appreciate that the states are provided construction grants for 100 percent of allowable costs to construct or expand a qualifying state veterans cemetery, however, competition for federal cemetery grants by states and tribal lands has greatly increase over the past several years with project pre-applications totaling about \$170 million. Thus, we recommend that overall funding for the SCGP be at least \$50 million annually to address the backlog of pending state veterans cemetery projects.

The current burial plot allowance of \$300 is inadequate to cover the full costs of burial, cemetery operations, and long-term cemetery maintenance. The burial plot allowance offsets only a small portion of the cost of a veteran's burial and none of the cost of the burial of a veteran's spouse. The vast majority of these costs, as well as operating expenses and perpetual maintenance of the cemeteries and graves, are paid from the states' scarce resources. In my state of Wisconsin, these expenditures are paid from the scarce resources of a non-replenishing state Veterans Trust Fund.

NASDVA's members have resolved to call for an increase in the burial plot allowance [38 U.S.C. §2303(b)] to \$1000 in order to ensure adequate funding to more appropriately offset the actual burial and operational costs of the state veterans cemeteries.

This increase should also apply to the plot allowance for veterans' interments in private cemeteries.

State Veterans Homes: As of the beginning of this fiscal year, there were nearly 24,000 state veterans nursing home beds, more than 6,000 veterans domiciliary beds and nearly 300 hospital beds in 131 state veterans' homes in 47 states and Puerto Rico (excepting Alaska, Delaware, and Hawaii).

We recommend sufficient funding be appropriated to keep the existing backlog of projects in the State Home Construction-grant program from growing to further unacceptable levels. We strongly recommend funding of at least \$165 million for the State Extended Care Facilities Construction Grant Program.

We also recommend that states are paid a more equitable per diem rate representing 50 percent of the states' average costs, as allowed by law, and that the policies governing the program be amended to allow new state veterans homes up to 50 percent of the total cost of care paid retroactively from the date of the first veteran's admission to the new home.

We continue to recommend that VA develop a strategic plan for long-term care services that

maximizes the role of state veterans homes in providing care to minimize VA cost of long-term care for our nation's veterans.

Homeless Veterans: The over-representation of our nation's veterans in the broader homeless population remains an issue of great concern.

We appreciate the continued funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, and Compensated Work Therapy. The Homeless Providers Program provides critically important and cost-effective transitional housing and case management for homeless veterans. We commend the U.S. Department of Veterans Affairs for its enduring commitment to these veterans through these programs.

We also would like to publicly recognize the importance of the National Coalition for Homeless Veterans, Inc. (NCHV) for their critically important efforts in informing national policy on behalf of homeless veterans and providing technical assistance to community-based, faith-based, and public homeless veteran service providers.

NASDVA's members have resolved to call on Congress, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs to carefully review the findings and fully implement the recommendations of the U.S. Department of Veterans Affairs Advisory Committee on Homeless Veterans, including the recommendation that the policies governing the Homeless Providers program be amended to allow for the funding of permanent housing for veterans unable to attain permanent housing on their own.

NASDVA's members also strongly recommend the U.S. Department of Veterans Affairs communicate and closely coordinate with each state department of veterans affairs during the grant-making or grant award period for the VA Homeless Provider Grant and Per Diem, including for application and awards to organizations within the respective state.

We recommend expeditious redesign of the Loan Guarantee Program for Homeless Veterans Multi-Family Housing as a grant to providers of such housing.

We further recommend that HUD increase the amount of vouchers authorized under the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) Program and also request an appropriation that matches the authorization.

Concurrently, we recommend VA increase the number of case managers needed to provide supportive housing services to match the available vouchers.

Finally, we also recommend a portion of these vouchers be site-based to allow supportive services for veterans in permanent housing.

DVOPs/LVERs: In our first testimony before Congress eight years ago, we noted that state veterans' agencies are performing outreach and assistance services that are not funded by the federal government. We also noted that the Disabled Veterans' Outreach Program Specialists (DVOPs) and Local Veterans' Employment Representatives (LVERs), created under the

Workforce Investment Act of 1998 and placed under the state labor agencies, were - and remain - among the only veterans services funded by the federal government.

Nearly a decade ago, the current arrangement was judged to be inefficient by the Congressional Commission on Service Members and Veterans Transition Assistance. We agreed then and continue to agree with that finding and the need for change that the Commission identified.

We sincerely hope that future Congressional actions will preserve authorization and appropriations for these important functions, which again are among the only veterans service functions that are funded by the federal government. But we also believe that the states must have the flexibility to determine how best to do this and whether state veterans agencies can be a player. It is awkward for veterans employment services to be managed in a separate, stand-alone manner, apart from the mainstream of other veterans service delivery.

We recommend that any future legislation preserve both the Veterans Employment and Training Service State Grants Program and the states' flexibility, as provided under the Jobs for Veterans Act, to determine how best to integrate the Disabled Veteran Outreach Program Specialists (DVOPs) and Local Veterans Employment Representatives (LVERs) into state employment service delivery systems.

We further recommend that LVERs and DVOPs provide not only employment and reemployment assistance, but also veterans' benefits counseling, health care information, and appropriate referrals.

We agree with a Task Force recommendation that DOL and DoD promote awareness of the Uniformed Services Employment and Re-employment Rights Act (USERRA) provisions and benefits, and we recommend that LVERs and DVOPs inform veterans of their rights under USERRA and explain how to obtain information and find representation for those persons having claims.

HEALTH CARE CONCERNS

Gulf War Illness Research: Nearly two decades after the end of the 1991 Persian Gulf War, 25% of its 697,000 veterans remain seriously ill with chronic multi-symptom illness. No effective treatments currently exist. As a state-level best practice, Wisconsin enacted legislation that created an annual Gulf War Illnesses Recognition Day and each January 17th to help highlight the plight of those who continue to suffer from Gulf War illness, and we hold an annual conference on that day to share information on the state of knowledge regarding the issue.

NASDVA's members have repeatedly resolved to call on Congress, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs to carefully review the findings and fully

implement the recommendations of the U.S. Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses. Among its recommendations to your committees has been to restore Department of Defense Gulf War illness research funding to its previous level of \$30 million annually. The DoD Congressionally Directed Medical Research Program has developed an innovative program to identify treatments and diagnostic tests to improve the health of these ill veterans -- to whom we owe nothing less. Yet it only exists through the action of Congress, it must be renewed annually, and it is tragically underfunded.

NASDVA supports the finding that research on Gulf War veterans' illnesses has important implications for current and future military deployments and for homeland security. NASDVA supports the recommendation that the health of Gulf War veterans must be carefully monitored to determine if Gulf War service is associated with excess rates of specific diseases, disease-specific deaths, or overall mortality.

Women Veterans: Women veterans are the fastest growing segment of the veteran population, second only to the growth in the number of elderly veterans. Approximately 1.7 million women veterans comprise about seven percent of the overall veteran population, with approximately 255,000 women using VA health care services. With the increasing number of women in today's armed forces, VA estimates that by 2020, women veterans will comprise 10 percent of the total national veteran population.

To meet the special needs of women veterans, there must be an effective women veterans program at every VA medical center, a women veterans liaison at every VA community-based outpatient clinic, and a women veterans coordinator at every VA benefits administration regional office.

Mandatory Funding: NASDVA's members have repeatedly resolved to support full mandatory funding for VA health care, an issue regarding which we are certain the members of these committees are well aware.

Electronic Records: We encourage VA and DoD to continue to collaborate on the seamless integration of electronic health records.

We also recommend further integration of electronic health records between VA and state veterans homes.

TBI Screenings: We agree with the Task Force recommendation that all Global War On Terrorism (GWOT) veterans seen in VA health care facilities be screened for mild to moderate Traumatic Brain Injury (TBI) and that VA provide sufficient programs and services to treat all qualified veterans, ensuring they lead the most productive and healthy lives possible.

We recognize the challenge that there are currently no objective diagnostic tests--such as laboratory tests or neuroimaging tests like magnetic resonance imaging (MRI) and computed tomography (CT) scans--that can definitively and reliably identify mild TBI, and we concur with the Government Accountability Office recommendation that VA expeditiously evaluate the clinical validity and reliability of its TBI screening tool. VA concurred with GAO's findings, conclusions, and recommendation and discussed its plans to evaluate its TBI screening tool. DOD declined to provide comments on the draft report.

OTHER NASDVA ISSUES OF CONCERN

State Veterans Home Loan Program: For many years, the Internal Revenue Code has provided authorization for a state-level Home Mortgage Loan Program for veterans funded with the proceeds of federally tax-exempt Qualified Veterans Mortgage Bonds. In support of this program, NASDVA's members have for many years resolved to call for the enactment of modifications of the Internal Revenue Code [§143(I)(4)(B)] to ensure that veterans of all eras in all participating states are eligible and that the states are allowed adequate Qualified Veterans Mortgage Bond annual bonding levels. The affected states have previously expressed their written support for the QVMB provisions contained in H.R. 3997, the Heroes Earnings Assistance and Relief Tax (HEART) Act.

Transition Assistance Advisors: NASDVA's members commend the commitment of federal resources to current and former military service members as demonstrated by the creation of the Transition Assistance Advisors, formerly known as state benefits coordinators. However, NASDVA's members have reacted with great concern that this program was developed and implemented without consultation or communication with the state directors of veterans affairs, nearly all of whom are charged by state law as serving as the primary responsible entity for veterans affairs in their respective states, including ensuring information and access to federal and state benefits, programs, and services.

Furthermore, in just over half the states, including in the 72 counties of my home state of Wisconsin, county veterans service officers directly assist veterans and returning service members in their area of jurisdiction.

While it is of critical importance that the federal government has, and continues, to commit resources to funding outreach and assistance services at the state level, the initial lack of coordination and individual missions in the states - which ranged from inefficiently ill-defined to duplicatively all-encompassing - resulted in confusing communications and relationships between federal, state, and local agencies and entities responsible for the delivery of veterans benefits, programs, and services.

In response, NASDVA's members resolved that the Transition Assistance Advisors be reallocated under the direct operational control of each state's director of veterans affairs. Again, I would like to note that this is one of the exceedingly rare examples of federal funding of outreach and direct assistance to the nation's veterans.

Service-Connected Disability Compensation and Disability Pension: We recommend the Veterans Benefits Administration establish standards for training, testing, accrediting, and recertifying all veterans' service officers, to include continuing education and performance standards.

Commission on the Future for America's Veterans: On September 11, 2006, an independent and autonomous commission was convened with the sole purpose of defining a "Future for America's Veterans." The Commission analyzes data and trends affecting the future for America's veterans with the support of professional staff, a respected research institute, and expert working groups

from academia, industry and the public policy arena. Its objective work transcends pre-conceived government, stakeholder group, or other agendas and preordained outcomes, as well as political and budgetary battles to develop solutions that support the lifelong health and well-being for our veterans past, present, and future. NASDVA is in support of the efforts of the Commission on the Future for America's Veterans.

Seamless Transition: As a recently returned veteran of the war in Iraq, I can state with certainty that the transition from military to civilian status continues to have areas in need of improvement.

We commend VA for participating in the State Benefits Seamless Transition Initiative (implemented February 12, 2007), enabling severely wounded veterans to elect to be contacted by state officials to ensure state benefits and services are made available to them and their families.

We recommend this program be expanded between DoD, VA, and the states, with service members at all DoD transition points being given the opportunity to elect to be contacted by state officials.

We recommend DoD and VA share information with the SDVAs to allow them to serve as a focal point ensuring all returning veterans are aware of the federal, state, and community resources available to assist them in their transition.

We applaud the recommendations of the administration's Commission on Care for Returning Wounded Warriors and support measures being taken to simplify and modernize DoD and VA systems in an effort to make them less confusing, eliminate payment inequities, and provide a foundation with appropriate incentives for injured veterans to return to productive life.

We commend VA for their commitment to seeking to provide responsive and efficient delivery of benefits and services to returning combat veterans by increasing awareness of available benefits among service members and their families and improving the process for receiving them.

We support the collaborative efforts being taken among federal agencies to improve the timeliness, ease of application, and delivery of services and benefits, and strongly encourage VA and DoD use the states to assist them in these efforts.

We encourage VA, DoD, and the National Personnel Records Center to continue to collaborate on the seamless sharing of electronic service, personnel, and military history records needed for the determination of eligibility for veterans benefits and the adjudication of veterans disability claims.

Finally, we agree with the recommendation of the Commission that DoD should be responsible for the physical exam for fitness to serve and VA should be responsible for determining the disability rating.

CONCLUSION

Again, thank you for your continued advocacy and legislative work on behalf of our nation's veterans. Should you or members of your staff have any questions or wish to further discuss these issues, please feel free to contact me.

On behalf of the National Association of State Directors of Veterans Affairs, we appreciate working closely with you and the committee staff to help ensure our shared goals and objectives on behalf of our nation's veterans.