

Thomas R. Burke, Buckeye State Council, President, Vietnam Veterans of America

Testimony Of Vietnam Veterans of America

Presented by Thomas R. Burke, Buckeye State Council, President

Before the House and Senate Committee on Veterans Affairs

At New Philadelphia, Ohio

Regarding Issues Important to Rural Veterans

May 29, 2007

Vietnam Veterans of America - Buckeye State Council - page 2
House / Senate Veterans Affairs Committee / May 29, 2007

To the distinguished members of the House / Senate Veterans Affairs Committee who have come to the fair city of New Philadelphia, Ohio this morning. On behalf of the members and families of Vietnam Veterans of America, Buckeye State Council we bid you welcome. To Congressman Space we say "Welcome Home." To all we thank you for what it is that you do for us. We wish to express our deep appreciation to you all for taking the time out of your schedules to come to New Philadelphia for the purpose of hearing Veterans concerns first hand.

It is my great privilege to speak to you today to present the thoughts and comments gathered from Vietnam Veterans of Ohio on issues that impact our members of small town America. Rather than providing you with a laundry list, I will attempt this morning is to bring to you only those issues that arose in conversation time and again. We are aware that difficult decisions must be made by this committee for the benefit of all veterans. Funding you approve in the interest of Veterans across America, certainly make us better today than we were many years ago. The recent funding increase of \$3.6 Billion for Veterans Health care is truly important and necessary. It goes without saying that sufficient funding for Veterans must be met or nothing happens. We also know that many issues remain.

Funding Veterans Health Care and Rural Care

In preparing for today's hearing, I have spoken to many veterans. Not surprisingly the number one issue that comes up across the board is their concern for health care. Ohio currently has one million plus veterans. Nearly 8000 of those veterans call Tuscarawas county their home. Funding for veteran issues concerning research, toxic exposure, the effects of Traumatic Brain Injury, Post traumatic stress disorder, prosthetic limbs, homeless veterans, our POW/ MIA's issues, improvement of facilities that treat all our veterans and combat wounded. All these and more must be funded by money distributed from Congress from non discretionary funding sources. This is the only way that veterans can be assured that their issues will not be lost.

More than half of the Veterans who avail themselves of VA facilities here in Ohio are without medical insurance of any kind. VA hospital facilities are located in Cleveland, Cincinnati, Chillicothe, and Dayton. Access to VA hospital facilities in urban areas is almost unlimited because veterans can go to the VA emergency wards for treatment of ailments. However that is not the case for rural veterans. We have VA Clinic's in smaller cities on this side of the state. The clinic here in New Philadelphia is said to be the fastest growing clinic in the state. This is due to the ever increasing medical needs by not only older veterans, but by the new crop of veterans currently returning from the war zone. It is no secret that media sources report that the VA is at the breaking point.

These reports concern many Veterans because they fear VA will attempt to scale back their care because of limited funding or the influx of current Iraq and Afghanistan veterans returning from the combat zone. Additional VA clinic facilities are situated in Canton, Youngstown and Akron each providing different specialties for veterans.

The medical help that these facilities provide through dedicated doctors, nurses and staff is absolutely critical to the health care of veterans in non urban areas.

For the most part Veterans rate services provided by clinics and hospitals as good to excellent. However, we find that medical clinic access seems to vary from clinic to clinic. A veteran will usually get in to see a doctor at a clinic about once very six months as part of a routine wellness physical if he or she is in the system. Should you be a new patient seeking treatment you may wait a longer period of time. Many of the veterans stated that if they become ill between their normal visits to the clinic, that they are unable to see a VA doctor if they request appointments. All believe that this is a result of VA limiting staffing policies. At a time when VA should be gearing up personnel, i.e., current veterans returning, putting more pressure on the system to perform, they seem to be going the other way. Veterans who seek help at the VA facilities that are rated 100% are admitted within a couple of days. Others who are less than a 100% may not get in at all if they are sick. The same also holds true for dental care as well. Some veterans have come to believe their access to VA facilities may be based on their Priority status or lack thereof. Perhaps a facility that has a larger staff may afford that clinic to accommodate the veteran needs. Veterans note that there does not seem to be any uniformity between facilities.

An issue that many veterans grimace at in Ohio is this. Veterans whose incomes are at the poverty level have little choices, concerning health care; however they are fortunate that the system does provide care for them. Veterans turn to the VA for medical assistance for a variety of reasons. Reasons cited by veterans include those whose income or lack of service related disability, forces them into Priority 7 & 8, but a majority of these veterans have no medical insurance. Others have no employer sponsored medical insurance and still others are deemed uninsurable by the private sector. Most of these veterans can ill afford private insurance under any circumstances. Many veterans in Ohio and elsewhere are denied health care by the current administration as a matter of policy. Fortunately some got in during the open enrollment period before the administration closed the door. Estimates of these veterans now sitting out there are roughly 500,000 since 2003. Gentlemen this closed door policy must be rescinded. It is time to

reopen the VA health care system for Priority 8 veterans, who were restricted from enrolling in January 2003.

Additionally insufficient funding by Congress to take care of all who were promised health care as a condition of their service, still others who are forced to private health care and cannot afford prescription medications they need. We add a big thank you for VA prescription drug service, in some cases a life saving service. Ironically Congress always seems to be able to find funds to wage war, which is necessary to support current combat troops. We certainly need to support our troops. . However, once home, the Congress must find the necessary funds to treat and care for our veterans.

Revamping

A revamping of the funding for veterans health care is an overwhelming issue that must be dealt with. HR 1382 is a start, Mandatory Funding for Veterans Health Care 2008. Gentlemen the current discretionary funding method for VA medical care simply does not work. VVA has long maintained that accountability must be built into any system of funding for the VA. Simply throwing cash at a problem will probably not work either. We must find long term solutions. Veterans in Ohio are certainly willing if not eager to work with whoever it takes, to find a way to ensure the VA has the funding to meet its mandate to "care for them who have bore the battle." If we cannot find a way to maintain and improve care as time proceeds, we may find all veterans without benefits. This is a fate that we cannot let happen. Perhaps a bipartisan group should be formed weather in our state or on a national level to study the issues, options and hopefully solutions.

Mileage Issue

The closest VA hospital for us is Cleveland. To get to Cleveland Wade Park VA hospital is a 200 mile roundtrip or more at best depending on the veterans' location of residence. The VA current mileage scale allows veterans going to any facility eleven (11) cents per mile. Gasoline currently is better than three dollars a gallon. First of all this computation does not compute. A majority of priority six (6) seven (7) and none of the priority eight (8) veterans who are currently in the system get any mileage at all. The VA says quote "you make to much money". Unquote! Say what? Yet others of higher priority regardless of their income still receive mileage. This does not make sense to most veterans, nor do they believe it is fair.

Outreach

In the state of Ohio, we have found that many veterans who have served honorably simply are unaware of benefits and or services that they are entitled too. Many were not told of available benefits or services when they left their branch of service and never thought another thing about it. Outreach should be an ongoing effort to all veterans but especially in country veterans so they become aware that their likelihood of contracting a dread disease is much higher than the general public.

Adjudication of Claim Backlog

I have been involved in many conversations concerning veterans not only here in Ohio but about everywhere I go concerning the current backlog of VA Claim Adjudication. No one seems to know what the actual number is, four, five, six, and hundred thousand. But one thing is for sure. It's a big number and must be dealt with as quickly as possible. Many veterans are concerned about the length of time that it takes to get a rating at all after claims have been submitted. I am advised by our VSO people that waits of 1 to 2 years are not out of the question for an initial claim. If one appeals a decision add another 2 to 5 years. This is simply not acceptable. With the new crop of veterans returning from our current war zone, there is high concern among older veterans that their claims are getting lost in the bureaucratic log jam. We understand that new adjudicators are coming, but we need to be assured that the new kids on the block are properly trained and held accountable for their work.

Employment, Training

It seems that the so called "veterans preference" which we all know is on the books nationally certainly does not appear close to being enforced. Veterans both National Guard and Reservists returning to Ohio have faced no job or a job that has been reengineered, in effect again losing their career position. To veterans who return with less of a body than they started with they certainly deserve to be given chance to maintain employment if they are physically able to do so for their own well being. To assist veterans who are unemployed or underemployed with new or additional training seems vital to us. Veterans who lose their jobs should have the opportunity to get a re-education and work skill upgrades. S-22, S644, and HR 1102 would establish educational assistance for various veterans and reserve elements. Ohio Vietnam Veterans feel these initiatives should be supported. With respect to our older veteran population national standards now cite retirement age increasing to a minimum age of 66. Federal, state, and private employers need to start rethinking their priorities toward older veterans and workers in general when it comes to keeping them in the work force. With the increased standards, veterans reaching fifty years old or older are being shelved for younger less experienced people because their income combined with group benefits provided has reached a level that employers increasingly are not willing to pay. Federal agencies that provide job services to veterans should note this reality shift and make priority changes so veterans can not only maintain their jobs, but find new ones if necessary.

POW/MIA

The Vietnam Veterans of Ohio, along with The POW / MIA Families, on this issue have the strongest possible feelings. Prisoners of War and those missing in action must be accounted for and not left behind. We urge the Congress pass a resolution. Such resolution should be presented to the government of Vietnam to give up relevant wartime documents, so the remains of war dead may be brought home and those listed as MIA should be accounted for.

I speak from personal experience when I tell you that having a brother KIA in Korea was bad enough for my family. I cannot imagine what it would have been like especially for my parents if they had not known the fate of their fallen son.

Distinguish members of the House and Senate Veterans Affairs committee that concludes my testimony on behalf of the Vietnam Veterans of America, Buckeye State Council.