John Rowan, National President, Vietnam Veterans of America

Testimony of

Vietnam Veterans of America

Presented by

John Rowan
National President

Regarding

VVA's Legislative Agenda & Priority Initiatives

Before the

Committees on Veterans' Affairs
Of the
United States Senate
And the
United States House of Representatives

March 6, 2008
Good morning, Chairmen Akaka and Filner, Ranking Members Burr and Buyer, and other distinguished members of these committees. On behalf of the members and families of Vietnam Veterans of America, I want first to thank you for your efforts on behalf of veterans and their families. Your efforts do not go unnoticed.

Today, I am pleased to deliver to you VVA's perspective on legislative and funding priorities and policy initiatives that we hope you will consider and weigh and act on.

A great deal has transpired since this time last year when I presented VVA's views to you. We still see only a glimmer of light at the end of the tunnel in the wars in Iraq and Afghanistan, which have left our nation with thousands of additional casualties who need our care and understanding and support. In response to the revelations one year ago of shoddy conditions and bureaucratic snafus at Walter Reed Army Medical Center, the President created commissions and a task force to look into the situation and offer remedies. While the VA and DoD have acted on several of the recommendations of these august entities, and of the Veterans' Disability Benefits Commission, we have seen little in the way of positive change at Walter Reed and, frankly, at most other DoD and VA healing facilities.

Members of Congress have voiced particular interest in improving the lives of veterans. We appreciate the additional $6.7 billion increase appropriated to the VA for the current fiscal year.

(Now, we all of us have to demand accountability from the VA: How are they spending this windfall?) We applaud the proactive attempts by public and private sector alike to curb the alarming increase in suicide among active-duty troops and recently returned GIs. We thank you for a slew of other initiatives designed to help reintegrate into society former troops traumatized by their tours of duty, particularly in the hotbed of internecine conflict that is Iraq.

At the same time, while the system is gearing up to deal with the fiscal and physical realities faced by our newest generation of veterans, we still must devote an inordinate amount of time advocating for a new mechanism to fund the VA's medical operations. We base our arguments on the premise that funding veterans' health care is part and parcel of the continuing cost of the national defense. We maintain that the current method of funding is, fundamentally, broken, that we cannot expect to see significant increases each year in funding a healthcare system that is simply overburdened, with not enough nurses and clinicians, particularly in the mental health field, to help veterans readjust in a world forever changed by what they saw and did and experienced while in the service of our nation.

GUARANTEED FUNDING

The Veterans Health Administration needs a method that will guarantee a reliable, predictable, sufficient, and timely funding stream so that its managers can properly plan and deliver services to the more than five million veterans who actively use the VA for their healthcare needs. Just as it is the responsibility of veterans service organizations like VVA to advocate on behalf of our fellow veterans, so too is it the responsibility of Congress to ensure that there is sufficient - and timely - funding to meet the healthcare needs of the nation's veterans. It's the "timely" part that bothers us: This year, yet again, a budget was not in place when, by law, it was supposed to be.

VVA is working with the other VSOs that comprise the Partnership for Veterans Health Care Budget Reform to develop and suggest a possible alternative method of ensuring that veterans health care is properly funded now and in the future. The Partnership will present this to you at a time we deem appropriate.

As we noted in earlier testimony about the President's proposed budget for the fiscal year beginning this coming October, funding for discretionary veterans programs does not quite keep pace with inflation, nor will it allow the VA to continue the needed pace of enhancing its healthcare and mental healthcare services for returning veterans, restore needed long-term care programs for aging veterans, or allow working-class veterans to return to their health care system. Some $1.3 billion of the $5.24 billion increase VVA recommends would go to restoring access to so-called Priority 8 veterans who were "temporarily" barred from entering the system five years ago. Since then, more than 250,000 veterans have been denied access to their healthcare system. This is wrong.

As we have noted in the past, without sufficient funding, the needs of veterans will not be met. Without sufficient funding, research projects that illuminate the ravages of toxic exposures, the debilitating effects of TBI and PTSD, and the continuing need for improved prosthetic devices, will not happen. Without sufficient funding, the plight of veterans who sleep in shelters or on air vent grates at night will not be adequately addressed. Without sufficient funding, the efforts to recover the remains of America's POW/MIAs will wane. And without a commitment by

government to level the playing field for veteran-owned - and particularly service-disabled, veteran-owned - small businesses, these entrepreneurs will be left out in the cold attempting to win government contracts.

We know, however, that funding alone is no panacea for what ails the VA. Yes, the VA must have wise and forward-thinking leadership at the top. (And for the rest of this Administration, at least, we believe it has that leadership in Dr. James Peake.) Yes, the VA must be able to plan ahead to meet the needs of the veterans it serves. And yes, the VA must be a national priority, joined at the hip with the Department of Defense.

ACCOUNTABILITY

Along with dollars must come commitment - and a sense of stewardship. Those entrusted with managing the money must be accountable - and must be held accountable - for how the money entrusted to them is spent. The VA has many very able and responsible employees. It also has some folks who are there for little more than the paycheck who, if they're having a bad day, take this out on others. Irresponsible behavior must not be tolerated, or else taxpayer dollars will be frittered away.

Last year, with press reports based on the testimony of VA officials noting that upwards of 600,000 claims were averaging a 177-day wait between filing and adjudication, the public - and Congress - looked askance when the VA announced some $1.5 million in bonuses for its senior staff. Congress put a hold on this, demanding some accountability. Did you get it? Or were the bonuses quietly handed out of the glare of publicity? Was anyone sanctioned for doing a less than splendid job? It seems to us that if everyone were doing so splendidly, we would have fewer complaints about the VA. Something doesn't add up here.

OUTREACH

Another facet of its operations that the VA is not particularly adept at is outreach. Anyone who goes to a VA medical facility can usually find racks and wall mounts filled with pamphlets and brochures concerning various diseases and treatments as well as VA benefits. The reality, however, is that most veterans do not go near a VA facility, and they don't know what they're missing. They do not know about medical treatment to which they are entitled for injuries or illnesses associated with their service in uniform, and they miss out receiving compensation for these maladies. Here's one case in point:

Last November, VVA sponsored a parade here in Washington, D.C. to commemorate the 25th anniversary of The Wall. One component of the parade consisted of informational tents on issues, most of them health-related, of concern to veterans. Shortly after the parade ended, two young ladies and their father, a Vietnam in-country veteran, visited VVA's Agent Orange Awareness exhibit. There they spoke with a VVA employee from our Veterans Benefits Department. The four spoke about many things, including the health issues of the father and his daughters.

The father, it seems, suffered from both diabetes type II and prostate cancer. Both girls were born with Spina Bifida. Neither father nor daughters were aware that they were eligible for VA

benefits because of presumptive service connection for exposure to Agent Orange. The real question is: How many other families like this are out there?

Part of the problem exists, we believe, because VA honchos are not committed to effective outreach. After all, the more veterans and their families know about what is available to them - what the veteran has earned by virtue of his (and now, increasingly, her) service in uniform - the more claims the VA will have to rate, and the more money it will have to pay out.

To help remedy this, we recommend to you S. 1314, introduced by Senator Feingold for himself and for the Ranking Member of the Senate Veterans' Affairs Committee, the Honorable Richard Burr. The "Veterans Outreach Improvement Act" would help the VA achieve real outreach: "reaching out in a systematic manner to provide proactively information, services, and benefits counseling to veterans, and to the spouses, children, and parents of veterans who may be eligible to receive benefits under the laws administered by the Secretary of Veterans Affairs, to ensure that such individuals are fully informed about, and assisted in applying for, any benefits and programs under such laws."

If enacted, S. 1314 would mandate that the VA Secretary establish a separate account for the funding of the outreach activities of his department, and to establish within such an account a separate sub-account for funding the outreach activities for the Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery Administration. Such a provision would establish and maintain procedures for ensuring the effective coordination of outreach activities of the various facets within the VA - and with state veterans agencies.

Passage of such a measure surely is needed. Left to their own devices, VA managers will continue doing what they have been doing for far too long now when it comes to outreach, which is . . . very little.

VETERANS BENEFITS

Year after year, the claims backlog at the VBA seems only to get longer, not shorter, despite what some claim to be the best efforts of the cadre of VBA leaders. It doesn't seem to us that there is much in the way of critical thinking done over at the VBA, despite congressional hearings, despite the very loud and persistent complaints by veterans and VSOs.

Freshman Congressman John Hall seems to be one of the few to bother to think outside the box on this issue. A few months ago, he chaired a hearing that premised the introduction of AI - Artificial Intelligence - as an integral piece of the claims adjudication process. Any system, of course, is only as good as what goes into it, but surely the VA must be encouraged to let a contract to devise an AI system that has the potential of speeding thousands of claims through the current quagmire. To not make an effort in this regard is pure folly.

But introducing 21st century technology hardly represents the entire answer. The VBA needs to do things smarter.

Project HERO

One VA innovation that threatens to become its own little quagmire is a scheme called Project HERO. (HERO, in inelegant bureaucratese, stands for Healthcare Effectiveness through Resource Optimization.) Because Congress mandated that the VHA get a handle on the money it pays to outside vendors and contractors who care for veterans when care at a VA facility is either not available or too far away - and the VA spends about one out of every ten health care dollars for what is called "fee-basis care."

HERO is a pilot project in four VISNS - 8, 16, 20, and 23. Unless it is carefully managed, and unless Congress exercises strong oversight, we fear this can become a boondoggle. Already the first set of contracts went not to small, veteran-owned or -operated businesses but to one of the health care giants, Humana. We will be watching, and we hope you in Congress will be, too.

BENEFITS LOOPHOLE

Claimants for veterans benefits file claims with the VA in numerous ways. Two of the more popular methods are utilizing the VA's online application or visiting a VA facility. When a claimant visits a VA facility, (s)he usually speaks with a VA employee who provides forms and briefly explains the claims process. During these conversations, claimants are asked which organization they would like to represent them in the prosecution of their claim. At this point in time, claimants usually choose an organization to which they belong or they choose one of the organizations recognized by the VA. A list of the organizations is provided to the claimant. Then the claimant usually also completes a power of attorney, which allows an organization to represent him.
Unfortunately for the claimant, the VA all too frequently fails to provide contact information for the organization; and they frequently fail to tell the claimant he needs to contact the organization. In far too many instances, the claimant believes the organization will take care of the claim. From a VSO's perspective, this is impossible, as the VA does not inform us who has granted their power of attorney to VVA. This usually becomes apparent when an irate claimant calls our national office asking why we have not lifted a finger to help him with his claim, which, he has learned, has been denied. In these situations, there is often little that can be done as filing deadlines have been missed.

We have raised this issue with the brain trust at the VBA, to no avail. We'll get back to you, they tell us. But they never do. Maybe they will get back to you in Congress?

* * *

A new and improved method of funding veterans health care, with accountability built into the process, and a major, coordinated outreach effort to inform veterans and their families of the services and benefits they have earned, form the three prongs of VVA's legislative wish list. There are other serious issues that warrant our attention and advocacy as well.

AGENT ORANGE

While some hardcore Americans still consider global warming a hoax, despite the mounting evidence, there can be little controversy over the harmful, long-term effects of Agent Orange - dioxin - on living organisms. Yet still there is much we do not know, certainly about the

intergenerational effects of prolonged exposure to dioxin. Hence, VVA advocates concerted, independent research into the effects of dioxin exposure on the children - and grandchildren - of in-country Vietnam veterans.

In light of a growing body of evidence that Agent Orange was liberally sprayed not only in Vietnam and along the demilitarized zone in Korea but also in several military bases in the continental United States, we call on Congress to investigate the facts and, if the facts show what we're sure they will show, Congress must consider, after careful evaluation, expanding the presumption of exposure to those troops who were stationed at the bases in question.

MENTAL HEALTH

As VVA has stated repeatedly in testimony, no one can know for certain how many of our troops who have served in Iraq and Afghanistan have been or will be affected by their wartime experiences, how serious their emotional and mental health problems may become, or how chronic the neuro-psychiatric wounds of PTSD and TBI will have on their physiological health, placing them at risk for substance abuse, domestic violence, incarceration, and homelessness.

This is of particular concern to us, and should be to you, because studies by researchers at Walter Reed Army Medical Center clearly demonstrate that the early mental health screening effort by the Department of Defense (DoD) using the Post-Deployment Health Assessment (PDHA) tool is not effective in gauging the extent of a soldier's mental health problems upon his/her immediate return; it must be augmented three to six months later with a re-assessment screening - the new Post-Deployment Health Re-Assessment (PDHRA) tool - for a more realistic assessment of a soldier's mental health status.

In fact, soldiers reported more mental health concerns and were referred to a variety of interventions at significantly higher rates from the later PDHA than from the initial PDHA. What these studies emphasize is the need for early intervention by DoD mental health services, before troops leave active duty. But herein lies the problem: A recent Congressional task force found the DoD mental health system to be overburdened, understaffed, and lacking the resources to provide appropriate and timely intervention. And to add to this unhealthy picture, this same task force found that DoD is failing to provide adequate mental health care for families, which are greatly impacted by the mental difficulties experienced by their returning spouse.

We also are concerned about TBI - Traumatic Brain Injury - the so-called "signature wound" of the war in Iraq, because it presents a most puzzling challenge, especially in mild to moderate cases. Symptoms can be hidden or delayed, diagnosis is difficult, and evidence-based treatments are as of yet largely undetermined.

Last fall, the not-for-profit U.S. Medicine Institute for Health Studies convened a roundtable discussion of TBI. It was attended by representatives of federal agencies, congressional staff, professional associations, academia, and a variety of other interested groups. Among the recommendations of the roundtable are the designation of a single individual in charge of TBI programs across all federal agencies; the creation of a single research clearinghouse for TBI; the call for a "TBI partnership" among DoD, the VA, and the National Institutes of Health; and making greater use of technology to focus on access to TBI care. With DoD and VA together

spending billions of dollars on medical care for our wounded warriors, it seems reasonable to ask what specific efforts, if any, are underway to address the recommendations of the roundtable. To date, however, we have yet to see any real efforts to address the roundtable's recommendations.

WOMEN VETERANS' HEALTH

Twenty percent of new recruits in the military are women, and women now comprise more than 14 percent of America's active-duty military. Nearly half of them have been deployed to Iraq and/or Afghanistan. This has particularly serious implications for the VA healthcare system because the VA itself projects that, by 2010, more than 14 percent of all veterans will be women, compared with just two percent in 1997. Although the VA has made vast improvements in treating women since 1992, returning female OIF and OEF veterans in particular face a variety of co-occurring ailments and traumas heretofore unseen in the VA healthcare system.

VVA believes women's health services are not evenly distributed or available throughout the VA system. Although women veterans are the fastest growing population within the VA, there remains a need for an increased focus on health care and its delivery for women, particularly women who have seen death and destruction, maiming and mutilation, up close and personal. Although the VA's Central Office may interpret women's health needs as preventive, primary, and gender-specific care, this comprehensive concept remains ambiguous and splintered in its delivery throughout the VA medical centers.

Many unfortunately and wrongly view women's health as little more than a clinic to treat gynecological issues. In reality, women's health is a specialty unto itself and involves more than gynecological care. VVA is hopeful that the revision of VHA Services for Women Veterans Handbook 1330.1, and its recommendations for an integrated primary care/mental health model of service delivery, will pass concurrence and that it will be strongly supported and recommended to all medical facilities in the VHA system.

Furthermore, some women continue to report a less than "accepting," "friendly," or "knowledgeable" attitude or environment both within the VA system and by third-party vendors. This may be the result, at least in part, of a system that has evolved principally on the medical needs of male veterans. Reports also indicate that in mixed gender residential programs, many women remain fearful and unsafe.

We also believe there is a need for increased VA research specifically focused on women veterans' health issues. For example, as of August 2006, VA data showed that 25,960 of the 69,861 women separated from the military during fiscal years 2002-06 sought VA services. Of this number, approximately 36 percent requested assistance for "mental disorders" (based on VA ICD-9 categories) of which 21 percent was for PTSD, with older female vets showing higher rates of PTSD. As of early May 2007, 14.5 percent of female OEF/OIF veterans reported having endured military sexual trauma (MST). Although all VA medical centers are supposed to have MST clinicians, very few of these clinicians are prepared to treat co-occurring combat-induced PTSD and MST.

Moreover, studies conducted at the Comprehensive Women's Health Center have demonstrated higher rates of suicide among women veterans suffering depression, substance abuse, and co-

occurring PTSD. At present, however, there are only four VA women's residential treatment centers for PTSD and substance abuse in the country. There are approximately a dozen PTSD programs within the VA system that provide varying lengths of residential care for women veterans that are capable of treating PTSD derived from MST. Few, however, are exclusively for MST and only some are gender-specific. This will prove inadequate over the long term for efficiently and effectively treating this new breed of female veteran. We would ask that you in Congress request - or demand if you have to - an update on the status of these programs, e.g., which are gender-specific, what is their bed capacity, and how long is the waiting time for entrance into these programs.

Compounding the emotional turmoil for women are wounds and injuries that range from life-changing - the loss of limbs and injuries to the brain - to temporary, such as infections and rashes. Although some of the short-term health problems are likely tied to the harsh realities of war, where women can go weeks without a shower and spend months hauling gear and lifting heavy weapons in triple-digit heat, the VA has found 29 percent of the women veterans it evaluated returned with genital or urinary system problems, 33 percent had digestive illnesses, and 42 percent had back troubles, arthritis, and other muscular ailments.

This points to the need for a well-conceived and well-implemented long-range plan for healthcare services and delivery for women veterans. To our knowledge, no such plan exists today. While the VA has made great strides over the past 15 years improving the quality of care for female veterans, it still has quite a ways to go. While it is fair to say that the quality of care at most VA facilities is equal to that of any other medical system in the world, this does not help women veterans who cannot access that care if it is not available.

VVA encourages Congress to encourage the VA to appoint a task force to begin work to produce a reasonable and practical plan for how the VA can best reach women veterans in the coming years.

Of more immediate concern is the need to elevate the part-time status of Women Veteran Program Managers at all VA medical centers to full-time. This is critical in coordinating care, outreach, advocacy, and oversight to all women veteran programs. The VA recently created or expanded to full-time a number of other positions that rightly deserve added attention. We applaud the VA for this increased investment. We also are concerned that the GS rating for Women Veteran Program Managers is not necessarily equivalent at all VA medical centers. If it is not and if it isn't comparable to other program manager ratings, it sets up a built-in high turn-over rate for those working in this position.

HOMELESS VETERANS

VVA applauds the Senate Appropriations Committee for having funded $75,000,000 for the HUD-VASH Program in Public Law 110-161. The vouchers created by this funding will prove paramount in addressing the permanent housing needs of our less fortunate veterans. By allocating the funding for these vouchers, providers have been given the greatest tool possible in our fight to end homelessness among our veterans. VVA supports the FY'09 appropriations request from the Department of Housing and Urban Development for $75,000,000, which will

provide an additional 10,000 vouchers. If enacted into law, some 20,000 vouchers will now be available to assist homeless veterans.

Homelessness continues to be a significant problem in the veteran community. Some estimate that one out of every three homeless men have served in the military. Yet while many effective programs assist homeless veterans to become, once again, productive and self-sufficient members of their community, all the essential services, assistance, and support that homeless veterans require are not currently provided. Of course, federally funded programs for homeless veterans should be held accountable for achieving clearly defined results. Federal efforts regarding homeless veterans must be particularly vigorous for women veterans with minor children in their care. And those federal agencies that have responsibilities in addressing this situation, particularly the Departments of Veterans Affairs, Labor, and Housing and Urban Development, must work in concert.

It has been our position that VA Homeless Grant and Per Diem funding must be considered a payment rather than a reimbursement for expenses, an important distinction that will enable the community-based organizations that deliver the majority of these services to operate more effectively. Per diem dollars received by service centers are not enough to support the special needs of the veterans seeking assistance. The reality is that most city and municipality social services do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans.

Because this gap is filled by service centers, we urge the VA's Homeless Grant and Per Diem Program to provide "payment for services" rather than the "reimbursement for services" it presently provides. Additionally, VVA supports and seeks legislation to establish Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.

There continues to exist today limited access to transitional residential and supportive service-only dollars within the HUD Super NOFA grant proposal process. Supportive services are vital in the successful reintegration of homeless veterans back to the community. There are currently no staffing dollars allocated for the provision of supportive services, to include case management, to those individuals in Shelter Plus Care programs, for example. These case management services are key in providing the veterans with a support system to assist them with working into and through the system.

Presently, HUD is quietly discouraging McKinney-Vento funding for transitional housing and "supportive services only" programs with the request to city and municipalities continuum of care for a 30 percent set- aside of the grant dollars going for permanent housing only. In the national competition for McKinney-Vento funding, many cities are requesting proposals for permanent housing only. The fallout from this situation eliminates a potential match for VA Homeless Grant and Per Diem (HGPD) grant proposals. This means that the VA will lose a financially effective and efficient resource for providing assistance to veterans who are homeless if non-profit agencies lose the ability to obtain HUD McKinney-Vento grants for transitional programs.

HOMELESS WOMEN VETERANS

Few of us can know the dark places in which those who have suffered as the result of rape and physical abuse must live every day. It is a very long road to find the path that leads them to some semblance of "normalcy" and escape from the secluded, lonely, fearful, angry corner in which they have been hiding. Most, if not all residential programs, are designed to treat mental health problems of a very vulnerable population: women veterans. In light of the high incidence of past sexual trauma, rape, and domestic violence, many of these women find it difficult, if not impossible, to share residential programs with male veterans. They openly discuss their concern for a safe treatment setting, especially where the treatment unit layout does not provide them with a physically segregated, secured area. They also discuss the need for gender-specific group sessions, in light of the nature of some of their personal and trauma issues. VVA requests that all residential treatment areas be evaluated for the ability to provide and facilitate these services, and that medical center facilities develop plans to ensure this accommodation.

Lastly, VVA urges Congressional support for full funding to the authorized level of $50 million for the Homeless Veterans Reintegration Program (HVRP) administered by the Department of Labor. This training/employment program has long suffered the consequences of limited funding. How can the Department of Labor extol a commitment to the training of homeless veterans and deny them the full funding that has been requested under P.L. 107-95 and P.L. 109-233?

VVA strongly believes that homeless veterans have perhaps the best possibility for achieving rehabilitation because at an earlier point in their lives they did have a steady, responsible job and lifestyle in the military. We hope to recoup these individuals' lives in the most efficient manner, thereby saving federal resources and we must do so with combine bipartisan support from our Congressional leaders.

BUSINESS OPPORTUNITIES FOR VETERANS

If veterans and service-disabled, veteran-owned businesses are to succeed in competing for and winning contracts in the government sector, they have to overcome a number of impediments: the pervasive ignorance of the law and resistance to change across all agencies; the lack of enforcement on prime contractors to ensure that they carry out their required subcontracting plans; inaccurate agency data, miscodings, and double-counting; the failure on the part of this Administration to adequately fund the development and operation of Veteran Business Resource Centers; and contract bundling.

Veteran service providers must assist in identifying and registering the capabilities of veteran business owners where required, become knowledgeable of all prime contractors and their subcontractor needs, develop relationships with agency procurement officers, and develop the ability to match veteran businesses with procurement opportunities.

In addition, if it is the intent of government to increase procurement opportunities for Service-Disabled Veteran Business Owners (SDVOBs) that will also create jobs for veterans, they must be held accountable for not following the President's Executive Order 13-360, and for not implementing legislation passed by Congress and signed into law by the President. It has been over a year since Public Law 109-461 directed the VA to revise its procurement regulations to prioritize contracting for SDVOBs and VOBs and created a verification process to ensure the validity of veteran business owners. To date, the necessary regulations still have not been implemented.

Furthermore, just last month, the President signed Public Law 110-186, the Veteran Small Business Reauthorization and Opportunity Act, and already the SBA Administrator testified before the Senate Small Business Committee that there will not be enough funding in the budget to implement what is required for veterans.

This is wrong. Veterans deserve every opportunity to become successful - not by public largesse but by a level playing field on which they can play to win. Despite the best efforts of advocates and of many of you in Congress, veterans are too often left out in the cold, foiled by bureaucratic antagonism and indifference.

EMPLOYMENT

VVA thinks it outrageous that the Administration let America's Job Bank dwindle and become outdated, and then discontinued altogether. Further, although the Congress and the veterans' organizations have repeatedly urged the Secretary of Labor to publish regulations pursuant to the Jobs for Veterans Act of 2002 to implement "priority service to veterans, especially disabled veterans" as mandated by the law, this has still not been done. Furthermore, the so-called partnership between the state workforce development agencies and the Veterans Employment and Training Service has become like the lion having lunch with the gazelle - not much of a deal for the gazelle - in this case veterans who need help securing a job or training that will lead to a job.

VVA stated to the Subcommittee on Economics of the House Veterans' Affairs Committee last autumn that it is time to either put meaningful pay for performance accountability measures into the DVOP/LVER program or to federalize this program. To fail to do one or the other is a betrayal of the young men and women coming home today in search of work. It is also a betrayal of the many DVOPs and LVERs who are constrained from doing their job by their managers and supervisors.

We call on you to take steps to fix this program now - one way or another, before the end of the 110th Congress.

VETERANS' PREFERENCE

The veterans' preference law simply does not work as it should. This is the time to do so, with many "baby boomers" retiring, and the many returning active duty, National Guard, and Reservists who would make great public servants looking for a stable career. We urge you to significantly overhaul the law for veterans' preference this year, adding strong accountability

measures to force mangers to show results and make it a prohibited personnel practice to violate veterans' preference laws by eliminating the "knowingly" from the Veterans Employment Opportunities Act. We have more details for this reform package that we will share with you shortly.

VVA also urges you, on a parallel track, to reform the so-called DVAAP - Disabled Veterans Affirmative Action Program - into the "Warrior Recruitment Program" and give it some teeth, with built in accountability mechanisms.

THE SITUATION IN PUERTO RICO

Last year, we addended to our testimony before these committees a report we had written about the disturbing conditions we encountered on a fact-finding mission to Puerto Rico, particularly with regard to the VA Medical Center in San Juan. It seems that our concerns have fallen on deaf ears at the VA and here in Congress.

The VAMC is shoddy, outdated, a building that cannot withstand anything greater than a Category 2 hurricane. Parking is totally inadequate: patients and staff have to arrive hours early if they have a prayer of finding a spot near the medical center. Adding on to the existing structure is, we believe, a formula for disaster, a waste of money.

This degraded physical plant is indicative of the degraded services provided to the veterans of Puerto Rico, many of whom served, in disproportionate numbers, in the combat arms. Perhaps indicative of the situation there was the locked door to the "veterans' service center" with a "Closed until further notice" sign. We found scant services for PTSD, and seemingly only desultory interest in improving care for this affliction.

VVA is not the only organization to find these frankly appalling conditions. Two reports from the VA's own Advisory Committee on Minority Veterans were even more damning.

It is true that there are plans for a "new" Vet Center for Puerto Rico, plans to add a new bed tower and to make structural changes to strengthen the old VAMC building. These, however, we view as band-aids that will not heal the wounds.
We believe that an entirely new hospital needs to be planned for and constructed on the fast track, one that is designed from the outset to withstand a Category 3 or 4 hurricanes, one that has adequate parking facilities as well as public transportation. The veterans of Puerto Rico are deserving of no less. In the meantime, we see no reason why the VA can't find land nearby for a new parking lot, from which staff and patients can be bussed to the VAMC.

A second issue is the capacity or, rather, the lack of such, in the national cemetery in Bayamon. Unless new land is acquired soon, the cemetery will run out of space in a few years, even with the construction of a columbarium at the current site. If this administration is serious about transforming our national cemeteries into shrines to the service and sacrifice and valor of those buried therein, unless they come to grips with the situation in Puerto Rico, the current reality there will only mock their intentions.

We would hope that the distinguished members of these committees would move quickly to secure a General Accountability Office (GAO) study of the medical services, doctor/patient ratios, nurse/patient ratios to see if indeed there is, as we believe, a correlation between poor physical plants and the recruitment and retention of staff as well as the quality of the medical services.

POW/MIA

One chapter that remains open from our war in Southeast Asia is the fate of Americans once classified as Missing in Action, all of whom are presumed now to be dead. (For the record, there are no longer MIAs in the conflicts in Afghanistan and Iraq. Four troops missing in action are officially called DUSTWUNs, a rather inelegant acronym for Duty Status, Whereabouts Unknown.)
VVA will continue to advocate for increased resources to deploy additional research teams to conduct searches on the grounds in Vietnam, Cambodia, and Laos, as well as Korea and other countries where currently still missing and unaccounted for might be located. We also request that your colleagues on the House and Senate Armed Services Committees provide funding for a public awareness program to inform the families of those still listed as POW/MIA of the need to provide DNA reference samples for potential identification of recovered remains
VVA also urges that all documents relevant to the status of POW/MIAs be declassified and released to the public; and we ask Congress to pass a resolution urging the government of Vietnam to provide all relevant wartime records and to continue to repatriate the remains of American service members that have been recovered.

Finally, we would ask you in Congress, as representatives of the American people, to acknowledge the work being done by teams of Americans in Southeast Asia. They go out to identified crash sites, often under harsh conditions in difficult terrain, to search for the remains of Americans who disappeared. In April 2001, seven Americans, along with their Vietnamese counterparts, died when the helicopter in which they were flying crashed. Their names of course will not be added to The Wall. But they should be remembered in the public record, and will be remembered in our hearts.

They are: LTC Rennie M. Cory Jr.; TSGT Robert M. Flynn; HMC Pedro J. Gonzales; MAJ Charles E. Lewis; LTC George D. Martin; MSGT Steven L. Moser; and SFC Tommy J. Murphy. They were seven gentle heroes who unselfishly sacrificed their lives while trying to bring peace to others.

On behalf of our members and their families, we thank you for hearing our legislative priorities and policy initiatives.