

John Rowan, National President, Vietnam Veterans of America

Statement of
Vietnam Veterans of America

Presented By

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Before the

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Regarding

VVA's Legislative Agenda and Policy Initiatives
for the
112th Congress

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Good morning, Senator Murray and Congressman Miller, Senator Burr and Congressman Filner, and other distinguished members of the House and Senate Veterans' Affairs Committees. I am pleased to appear before you today – officially “Welcome Home Vietnam Veterans Day,” thank you Senator Burr – to present the legislative agenda and policy initiatives of Vietnam Veterans of America on behalf of our members and our families for the 112th Congress. As you know, although VVA is the only Vietnam veterans service organization chartered by Congress, we advocate on behalf of veterans of all eras, those who served before us and those who have served most recently in the wars in Afghanistan and Iraq.

Let me preface my remarks by noting that veterans are cognizant of the fiscal realities faced by our nation, tough realities that must be addressed by elected officials on the federal, state, county, and local levels. After all, we hurt along with our neighbors during the recent recession. Their pain is our pain. We understand the need to rein in spending and we appreciate that, thus far at least, Congress has not chosen to target veterans' programs to try to get our nation back on the right fiscal track. Yet we must caution: Just because veterans, and our families, have sacrificed, this does not mean that we are willing to sacrifice in this way again. We stand 100 percent behind this statement by Congressman Tim Walz: “Attempting to balance the budget on the backs of veterans who have risked life and limb in service of our country is unacceptable.”

That said, we agree with Chairman Miller's stated desire to probe how the Department of Veterans Affairs does what it does and how it might do so more effectively and more efficiently. Yes, a very bright light ought to be shined on the operations of the VA to probe for redundant or duplicative services, poor acquisition management, and inefficiencies in staffing levels. This synchs with one of VVA's overarching priorities: accountability.

Congress and the VA must grapple with the heretofore unyielding backlog of veterans' claims and appeals. Funding is not and never should be the problem. And the million-claim backlog is a symptom. The underlying problem is the very way the disability compensation and pension system operates. We contend that the entire compensation and pension system needs to be revamped, integrating state-of-the-art IT that includes artificial intelligence, along with competency-based testing of all service representatives (including lawyers) and VA adjudicators and cherry-picking a still-evolving array of reforms being tested and implemented by Secretary Shinseki.

Yet for reforms to succeed, there must be far better oversight of and by managers who are paid handsomely to administer a system that is all too obviously not functioning as it ought to.

There needs to be real accountability in the management of the Veterans Health Administration as well as the Veterans Benefits Administration. For the past three years, Congress has been generous in funding veterans' healthcare accounts. The bottom line for the expenditure of these funds is basic: Does this meet the healthcare needs and improve the health outcomes of the increasing number of veterans who receive care and treatment at VA medical centers and community-based outpatient clinics?

VVA has long maintained that measures to ensure accountability must be part and parcel of funding the VA. Perhaps key to achieving a greater measure of accountability is to continue to overhaul the system of bonuses for senior executive staff to reward only the truly worthy – those who take that extra measure, who walk that extra mile, to ensure that what they are responsible for is done well; and those who innovate and improve the systems and projects under their auspices. Bonuses ought to be withheld from those who just do their job – and from those who have not made extraordinary efforts to hire qualified veterans for positions under their auspices. Those who perform poorly need to be removed and reassigned, or let go – and any manager or supervisor who gets caught lying should be summarily dismissed. Neither Congress nor the VA nor the community of veterans should have to wait until a scandal erupts before action is taken.

A second major priority for VVA is: outreach. Only 25-30 percent of veterans actively interact with the VA, and even many of these men and women are not familiar with the array of benefits to which they are entitled by virtue of their military service. What of the other 70-75 percent who never go to a VA regional office or medical center? Most of them are, quite simply, ignorant of these benefits. They are ignorant because they are uninformed. And they are uninformed because the VA, in the past, has done a shoddy job at best of reaching out to them.

In our view, the VA has an ethical obligation as well as an affirmative legal responsibility under title 38 to inform all veterans and their families not only of the benefits to which they are entitled but also of any possible long-term health problems they may experience that might derive from when and where they served.

Because the VA's past performance in reaching out to veterans has been far less than sterling, VVA has partnered with several dozen health advocacy organizations and others who want to ensure that veterans receive the healthcare they deserve by forming the Veterans Health Council. The goals of the VHC are threefold:

- 1] to inform veterans and our families about health issues related to their military service, as well as VA health care and benefits available to them;
- 2] to educate clinicians and other professionals in the healthcare community about the health issues associated with military service; and
- 3] in concert with other healthcare organizations, to develop educational materials for medical colleges, nursing schools teaching hospitals and related entities that emphasize the healthcare needs of veterans.

Populating kiosks in VA healthcare facilities with booklets and pamphlets is fine, but these do not get into the consciousness of either the very poor who do not know to use the system or the better off who do not need to use the system. Internal TV “programs” at the VAMCs and CBOCs cannot, should not, and in fact do not compete with ESPN or CNN or Oprah in waiting rooms and clinics.

That said, under Secretary Shinseki, the VA is to be applauded for taking the initiative in using television and social media to reach out to veterans, particularly newly minted veterans of the wars in Iraq and Afghanistan. These efforts, to date, seem scattershot. What is needed is a unified, strategic communications plan, one that utilizes TV and radio ads, billboards, ads and feature stories in popular publications, and social media on the Internet and target “subgroups” of the veteran population. This can go far, not only in informing veterans and our families about issues and benefits – and more often than not male veterans are informed by their spouse – but also in reassuring the veterans community that the VA really is “watching their six” and living up to its founding principle: “To care for him who shall have borne the battle, and for his widow, and his orphan.”

And while we’re noting caring for the survivor of a veteran, how many widows of Vietnam veterans who succumbed to diseases associated with exposure to dioxin in South Vietnam, in Korea, and in other venues have been denied justice because their spouse died before what killed him was recognized by the VA as being associated with that exposure? What has the VA done to reach out to these survivors to inform them of any benefits to which they may be entitled?

Taken together, improved oversight and greater accountability, and coordinated outreach and effective marketing, will add transparency to the VA’s oft-criticized operations.

A third priority of Vietnam Veterans of America synchs nicely with one of the stated goals of the Obama Administration: the creation of a national electronic health record system. We believe that all clinicians, those in private practice as well as those who work at VA medical centers and outpatient clinics, should take a complete military medical history as a matter of course for all of their patients who are veterans. Why is this important? Because health conditions that can manifest years after an individual has left military service may, in fact, derive from what s/he experienced during their years in the military.

The key question that needs to be asked by every clinician of every patient is not “Are you a veteran?” Rather, it is “Have you ever served in the Armed Forces of the United States?” If an individual answers in the affirmative, a series of question should logically follow, the responses to which can alert a clinician to potential maladies s/he ought to pay particular attention to. If, for instance, a patient answers “Yes” to the questions, “Were you ever exposed to blood or other

bodily fluids?” or, “Were you ever wounded in combat?” a physician might want to do a blood test for hepatitis C, a blood-borne pathogen that is a ticking time bomb in far too many veterans. If a veteran served in Vietnam, a doctor might well be on the lookout for diabetes mellitus or prostate cancer in this aging population. In this regard, it is high time to require a military medical history on all VistA records at the VA and at DoD and on the electronic health records at any healthcare facility that receives federal funding.

Another top priority of VVA involves organizational reform of the VA. Among the first acts following his confirmation, the current Under Secretary for Health has reorganized his domain. Perhaps this will have the effect of making the Veterans Health Administration more effective, and more cost-effective, in meeting the mandate of its mission. If time and talent and funding can be expended on such an undertaking, we offer the following as a viable and potentially valuable organizational reform that will, we believe, enable the VA to better assist veterans on the education and employment fronts.

It is our belief that Congress ought to create a fourth entity within the Department of Veterans Affairs: a Veterans Economic Opportunity Administration, to be headed by an under secretary nominated by the President and confirmed by the Senate. The VEOA would consolidate various currently separate yet interrelated programs whose mission is to assist veterans obtain and sustain meaningful work, or training, or education that will lead to a decent job at a living wage, and will enable veterans to achieve their American dream.

The VEOA would consolidate under the same roof the Vocational Rehabilitation Service, the Veterans Education Service, an enhanced and expanded Center for Veterans Enterprise housed in the VA; and establish functional control, if not outright transfer, of the Veterans Employment and Training Service (VETS) from the Department of Labor, and newly federalized DVOP (Disabled Veteran Outreach Program) and LVER (Local Veterans Employment Representative) positions, which currently reside in state departments of labor.

This is an idea whose time has come. We hope you will find merit and, certainly, enough interest to inspire introduction of a bill in both houses of Congress that, after the requisite hearings, will be enacted to transform this “one-stop shopping” concept into reality, because above all, returning veterans who leave the service need decent jobs, and jobs with a future, at living wages.

* * *

VVA advocates for several other priorities and initiatives to materially aid homeless veterans, women veterans, incarcerated veterans, and all veterans who obtain their health care at a VA facility. These are enumerated and described in the document that is addended to this testimony. We do, however, want to expand on a few of them.

Focused Research - To say that we have been disappointed with the focus of much of the research done by the VA and other government scientists and epidemiologists would be an understatement. We believe that more research must be done into health issues and conditions unique to specific deployments and areas of operation. Despite an act of Congress, the VA refused for nearly a decade to conduct the follow-up to the National Vietnam Veterans

Readjustment Study (NVVRS). Finally, it took an order from the current VA Secretary to bring his department into compliance with the protocols established under Public Law 106-419. Just as we intend to monitor the VA to ensure that this study will in fact be a true longitudinal study, a robust mortality and morbidity accounting of the physical and mental health as well as overall well-being of Vietnam veterans, we would hope that you in Congress, too, will check on the progress being made to ensure that this study is conducted to completion without any needless delay.

Toxic Exposures Legislation - VVA's founding principle is, "Never again will one generation of veterans abandon another." With this in mind, VVA will seek the introduction and passage of two pieces of legislation to address the need for research and treatment for health effects associated with toxic exposures in every generation of veterans and in their progeny: the Veterans Toxic Exposure Research and Treatment Act of 2011 will provide and direct funding for research, and hence treatment, into the effects of toxic exposures experienced by all generations of our veterans and, consequently, on the health and well-being of our progeny; and the Veterans Family Preservation, Treatment, and Research Act of 2011, which acknowledges that children, grandchildren, and even great-grandchildren of veterans exposed to toxic substances during military service are deserving of treatment, at no cost to them, for birth anomalies and developmental disabilities that may be associated with the veteran's exposure to toxic substances during his/her military service. We expect to speak with many of you in the near future about your interest in co-sponsoring such legislation.

Justice for 'Blue Water Navy' Veterans - The plight of so-called Blue Water Navy Vietnam veterans continues to be of concern to VVA. Even though the VA has finally expanded the number of ships it agrees have either docked at a port or along the coast, or plied the inland waterways of South Vietnam and therefore qualify as having been exposed to Agent Orange, thousands of veterans who served on ships offshore remain uncovered – even though they, too, are likely to have been exposed via the desalinization of seawater aboard ship.

Based on the cancer rates among Australian sailors who served within approximately 100 nautical miles of Vietnam, their government has been granting benefits for several years to these veterans. Their decision to do so was based upon a determination by experts at the University of Queensland that Agent Orange was co-distilled by shipboard distilling plants and introduced into the drinking water supply. While our VA has questioned the science used by the Australians, VA scientists have never tried to replicate it. We would urge Congress to finally enact legislation to codify the presumption of service-connection to those who served at sea within the Vietnam Service Medal area.

Personality Disorder Discharges - In 2007, veterans and indeed all Americans were outraged by reports in the media that thousands of troops who had served this nation in the Global War on Terrorism were being shafted: they were being given "personality disorder" discharges which effectively denied them any future health care or disability compensation or any other benefits that would have been their due as veterans. We, too, were – and we remain – outraged. Because while the Department of Defense clamped down on issuing discharges for "personality disorders," there was a concomitant rise in "adjustment disorder" discharges. Different name, same issue.

Now, these are not occasional occurrences. More than 22,000 servicemen and –women were, we believe, wrongfully discharged and denied the benefits they had earned. How many did not have a pre-existing condition but rather suffered an array of mental health issues as a result of their military service, particularly those who had been deployed to Afghanistan or Iraq? Working with colleagues at Yale University School of Law, VVA is seeking a measure of justice for these men and women. We have filed Freedom of Information Act requests with DoD and its various branches, with Homeland Security, and with the VA and, unsatisfied with the clear violation of the law in the lack of any substantive response by most of these entities, we are suing them in federal court.

It is our hope to uncover the truths so that all veterans found to have been inappropriately diagnosed and discharged are correctly, if belatedly, diagnosed and accorded access to the appropriate benefits and care they deserve.

Following ‘Best Practices’ - Incredibly, neither the VA nor DoD follow their own “best practices” in diagnosing, assessing, treating, and tracking Post-traumatic Stress Disorder, the signature mental health condition that is the lingering legacy of combat. The VA, which has expended millions of dollars on PTSD research, continues to ignore the use of what the Institute of Medicine, the IOM, has called the “gold standard” in determining if a veteran in fact is afflicted with this debilitating mental health condition: the VA’s own “best practices” manual.

Complying with the wishes of Congress to meet the growing need for additional mental health professionals to counsel veterans, the VA says they have hired some 4,000 new clinicians over the past few years. To this assertion we ask: Where are they? How many are full-time, permanent employees? How many are actually actively treating patients? (Conversely, how many fill cushy managerial slots, or simply replace staff who have retired or otherwise left the department?) We ask these questions, which we would hope you in Congress will ask too, because we still get anecdotal reports from the field that there are long waits for short sessions with mental health professionals at VAMCs and CBOCs.

Aid for Caregivers - Last May, President Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010. This law authorized the VA to establish a wide range of new services and benefits to support certain caregivers of eligible veterans who were catastrophically disabled in the line of duty after September 11, 2001. Under this law, the new benefits will include monthly stipends, reimbursement for travel costs, medical coverage, training, counseling, and respite care designed to prevent institutionalization of veterans whenever possible. The law also requires detailed regulations for determining eligibility, designating and approving caregivers, and providing stipends and health care coverage to primary family caregivers. However, the VA has yet to finalize any of the regulations to govern the administration of these benefits.

The law also authorizes the VA to provide the following services to caregivers of veterans of all eras who are already enrolled in VA care. These services include: access to VA’s toll-free Caregiver Support Line (1-855-260-3274); education and training on caring for veterans at home; support services such as counseling, support groups and referral services; and www.caregiver@va.gov, a website for caregivers. In addition, the VA is “to take the opportunity

to report to Congress in the future on the feasibility of expanding the enhanced services to family caregivers of veterans of all eras.”

In one manner or another, legislative proposals to assist family members who have become primary caregivers for their veteran husband, wife, or child injured emotionally and/or physically in wartime service have been presented in Congressional committees in various forms over the last several years. VVA has endorsed such legislation, beginning in 2007 with testimony in support of the Veterans’ Healthcare Improvement Act of 2007 in the House and its companion bill in the Senate, the Veterans’ Mental Health Outreach and Access Act, wherein it was noted that support for family caregivers was desperately needed, especially in rural areas, for those with veteran spouses or children suffering from severe PTSD or TBI.

VVA’s concern with the needs of family member veteran caregivers led to an active role in the national survey entitled “Caregivers of Veterans – Serving on the Homefront,” conducted by the National Alliance for Caregiving, which was presented to Congress last November. One of the key findings of this survey is that caregivers of Vietnam veterans were the most numerous (42 percent) among the survey respondents. Because aging Vietnam vets are the nation’s largest living cohort in the veteran community, we must advocate strongly for the inclusion of our family caregivers in the new benefits package of the Caregivers and Veterans Omnibus Health Services Act of 2010. Will this cost \$\$\$? Of course it will. But as long as we as a nation send young men and women off to fight wars, however noble, in all corners of the globe, we will continue to create veterans and, because of some remarkable advances in military medicine and rescue, we will continue to save troops who would have perished in our war in Southeast Asia, just as we saved soldiers there who would have died in World War II. And what is good for the caregiver of a veteran of the Global War on Terrorism must also be good for the caregiver of a veteran of the war in Vietnam.

Military Sexual Trauma - With women currently comprising approximately 14 percent of our Armed Forces, there has been a leap in the number of reported cases of sexual harassment and sexual assault although, we should point out, these are not limited only to women. Congress is cognizant of this problem, which clouds the lives and mental health of so many of its victims. Unfortunately, while the Pentagon is well aware of this issue, we do not believe DoD is meeting its responsibilities to service members in addressing the problem effectively. There needs to be far greater oversight to ensure adequate punishment/retribution for these crimes – and make no mistake, these are crimes. We would hope that those of you who serve on the Armed Services Committees in the Senate and the House will take this message to your chairmen and ranking members, seeing as this falls in the purview of title 10 rather than title 38.

What is in your purview is oversight and evaluation of the residential programs for veterans who have suffered a sexual assault while serving on active duty, to ensure that they really do meet the needs of the women and men in who come to their doors seeking succor.

Helping Homeless Veterans - It is nothing less than a national scandal that so many veterans do not have a bed to call their own in a home that they own or rent. It is particularly disgraceful that 76,000 veterans, according to the VA’s latest estimate, which we believe is far too low, live lives in limbo. Yes, the use and abuse of alcohol and other drugs is for most the proximate reason for

their homelessness. But so many self-medicate in an attempt to erase the demons that plague their minds from what they have experienced in a combat zone, whether that was at Anzio or Inchon, the A Shau Valley or Mogadishu, Fallujah or Kandahar.

Our members who administer programs for homeless veterans of both sexes have concluded the need for legislative action to revise the VA's Homeless Grant and Per Diem from a reimbursement for expenses, based on the previous year's audited expenses, to a prospective payment system based on a proposed budget for the annual program expenses. This adjustment is vitally needed if the community-based organizations that deliver the majority of these services are to operate effectively. HUD-VA Supportive Housing (VASH) vouchers represent collaboration between the Departments of Housing and Urban Development and Veterans Affairs to help chronically ill veterans who are not able to obtain and maintain housing without assistance. This program is one of the most critical elements of the Federal Strategic Plan to Prevent and End Homelessness among veterans by 2015. H.R. 1, the full-year Continuing Appropriations Act of 2011, would eliminate \$75 million for approximately 10,000 new permanent supportive housing vouchers for homeless veterans. The vouchers were approved by both the House and Senate Appropriations Committees in the 111th Congress, and would bring the HUD-VASH program to the 40,000 voucher level.

VVA endorses Secretary Shinseki's strong commitment to ending homelessness among veterans within five years. Congress must work with the Secretary, and not against the Secretary, and fund the HUD-VASH program at the maximum levels requested by both the VA and HUD.

Better Care for Minority Veterans - To get by in the military, a troop must follow the orders of his/her NCO or officer. Because these commands are uttered in English (although it is debatable that acronym-rich Pentagon-speak actually is English), most of us would assume that veterans understand communications in English. In reality, many do not, having reverted to their native tongue when living back in the communities they call home, enclaves in which English is still very much a second language. Because they are entitled to the same benefits as their brother and sister veterans, we will support legislation to ensure that such veterans and their families receive culturally and linguistically appropriate health care and health care information as defined in guidelines issued in 2002 by the VA's own under secretary for health. Please keep in mind that it is the spouse (female) of the veteran (male) who often spurs her man to take better care of himself, to seek treatment at a VA medical center, and although the veteran is conversant in English, his spouse may not be.

In this regard, the VA's website, www.va.gov, should conform without prompting to the Americans with Disabilities Act. The VA should not have to be sued to get them to obey the law of the land.

Veterans Courts - Many of the violations of law committed by veterans are not of the "high crimes and misdemeanors" variety. They are not violent street crimes. They are not rapes or sexual assaults. Their perpetrators are busted for possession of illegal pharmaceuticals. Or for being drunk and disorderly. Or for an incident deemed to be domestic violence.

Many of these crimes, however, are not committed by hardened criminals but rather by veterans who self-medicate to wrestle with their demons. Recognizing this, jurisdictions across the

country, following the lead of Erie County, New York, have established so-called veterans courts. Individuals encountering the criminal justice system are identified as veterans, assessed for symptoms associated with PTSD and/or TBI, and, where appropriate, offered alternative diversionary treatment in lieu of a jail or prison term. When done right, when veteran mentors engage one-on-one with a young man or woman who made a mistake that can ruin their life, this alternative treatment has proven effective in helping rather than punishing. We would urge Congress and the VA to actively support and cooperate in such efforts.

‘Alternative Education’ The Post-9/11 GI Bill has proven to be the boon it was meant to be, despite start-up glitches based on unrealistic assumptions. Because not all veterans choose to pursue a college degree, VVA advocates that the Post-9/11 GI Bill be amended to permit veterans who choose not to utilize these benefits for educational purposes to convert this earned benefit to a low-interest business loan, provided they have a business plan that has been reviewed and approved by the Small Business Administration.

Fixing the Claims System - Although VVA attorneys are successful in 80 percent of the cases we bring before the Board of Veterans’ Appeals, the BVA, the reality is that VA raters and decision review officers (DROs) are in error on BVA rulings a significant portion of the time. That the government makes mostly errors in veterans’ disability claims cases “startled” the Chief Justice of the U.S. Supreme Court, John Roberts. (In oral arguments in *Astrue v. Ratliff*, Chief Justice Roberts rhetorically asked Anthony Yang, Assistant to the Solicitor General, “Well, that’s really startling, isn’t it? In litigating with veterans, the government more often than not takes a position that is substantially unjustified?” See the February 24, 2010 issue of the *National Law Journal*.)

With the troops at the beleaguered Veterans Benefits Administration handling upwards of one million – that’s 1,000,000+ -- new claims every year, the outlook for getting a handle on the 1,000,000 claims backlog looks bleak. Part of the problem stems from the unfortunate fact that BVA rulings are not considered precedents, and therefore the same mistakes are made over and over and over again. Yes, the VA has initiated several pilot projects designed to test new and better ways to adjudicate claims, and we all hope that some of these pilots will prove viable so that justice, however delayed, will not be denied.

Yet beyond the sheer volume of claims, a problem in and of itself, the lack of uniformity in claims decisions has proved to be vexing. To promote uniformity in claims decisions, Congress needs to require a fundamental change in current policy to mandate that VA staff, VSO and county veterans service representatives, and other relevant stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years for service officers. Implementation of this should result in far fewer decisions being appealed by disgruntled veterans. Similarly, we would urge you to “encourage” the VBA to direct raters to follow the “best practices” manual in determining the degree of disability and percentage of compensation for veterans suffering from PTSD and other mental health disorders.

Aiding Veteran Entrepreneurs - The VA has surpassed the minimum of 3 percent of contracts that must go to Service-Disabled Veteran-Owned Small Businesses (SDVOSB) and to Veteran-Owned Small Businesses (VOSB). However, officials have refused to permit teams of multiple SDVOSB to compete for large hardware and software contracts, which in effect favors big established businesses. The VA is also wounding if not destroying many small businesses by

forcing VA employees to use GSA schedules instead of allowing them to purchase items like office supplies from small, local veteran- owned businesses. This misguided “initiative” has been dubbed “strategic sourcing,” as if buying from large multi-nationals is somehow in the national interest. While this ostensibly saves money, VA officials have produced no data to prove their repeated assertions in this regard. The so-called T-4 contract that will be worth many billions in the next few years for the acquisition of IT hardware and software is consciously weighted in favor of big business, and ignores Public Law 109-416, the “Vets First” acquisition law as well as the “strategic sourcing” initiative. This needs your oversight and, if necessary, your intervention.

Another issue facing veteran-owned businesses is the refusal of top VA procurement officials to share copies of the curriculum of the VA Acquisition Academy. Despite repeatedly asking for copies of the syllabus, and despite making that request directly to senior VA officials and receiving assurances that the curriculum would be forthcoming, it has now been almost a year since we first asked for it, six months since Secretary Shinseki said to give it to us, three months since we were directly and personally assured that this would be forthcoming “shortly.” Therefore, we filed an official FOIA earlier this week to obtain these materials.

On a related issue, the VA’s Center for Veterans Enterprise (CVE) has transformed from a pro-veteran business owner to a prime example of red tape and bureaucratic stupidity. They have created roadblocks in verifying businesses as veteran-owned or service- disabled veteran-owned. They have disqualified veteran business owners for totally specious reasons, destroying several veteran- owned businesses and causing the employees of those companies to joining the ranks of the unemployed. The bureaucrats who wrote these ridiculous rules not only never owned or ran a business, but apparently refused to listen to anyone who has done so. As a result, the problems they have created now spill over to impact this program in most federal agencies. Because there is an apparent refusal near the top of the VA hierarchy to even acknowledge that this is a problem, much less fix it, we turn to you in Congress to take necessary steps to ensure that the law is properly enforced, and that the VA gets out of the business of destroying legitimate veteran- owned small businesses.

Focusing on Smoking - Smoking cigarettes and other tobacco products is the underlying cause of so many of the health conditions that afflict, and kill, veterans. It can be argued that it is smoking that is killing upwards of one million – again, that’s 1,000,000+ – Americans every year. (With this logic, heart disease and cancers and emphysema are only “symptoms.”) Even though the military no longer encourages “Smoke ‘em if you got ‘em,” far too many veterans still light up, to the long-term detriment of their health.

We urge Congress to promote programs to discourage young people from ever taking up the habit, and to encourage those who do smoke to get the help they need to quit the habit. Because so many of those who do smoke are veterans, the VA ought to be in the vanguard of anti-smoking efforts as a crucial element of preventive health care. These efforts ought to embrace new therapies and new medications that can help veterans kick the habit. In the long run, this will pay off handsomely, and will save significant bucks across the entire health care system in this country.

And finally . . .

Reining in the Deficit - Concerning what has become the mantra for many in this Congress, Chairman Miller was quoted recently as having said, “In the first bite of the apple, defense, homeland security and veterans will not be part of the cuts. But I believe that as we move forward, everything needs to be on the table.”

We cannot and do not maintain that all funding for veterans programs is sacrosanct. But any cleaving can be done sensibly, balancing the needs of veterans and the call for fiscal restraint by the taxpayers of our nation. In the past, administrations have somehow contrived to arrive at unrealistically exaggerated numbers -- \$400 million, \$600 million, \$800 million – for the phantom savings to be derived from unidentified and illusory “management efficiencies.” According to the recent “duplication report” from the Government Accountability Office, at least \$2.6 billion over the past 13 years was essentially wasted because of duplicative efforts on the parts of both the VA and DoD in achieving a uniform inpatient electronic health records system. Thanks to the leadership of VA Secretary Shinseki and his counterpart at DoD, Robert Gates, the duplication is at long last ending.

Taxpayers could also save perhaps \$10 billion if the VA and DoD could put aside differences and work together in establishing joint national contracts for prescription drugs. According to the GAO,

“In fiscal year 2009, VA spent about \$3.7 billion and DoD spent about \$7.7 billion on prescription drugs, while spending under joint national contracts represented about 5 percent and less than 1 percent of those totals, respectively.”

With regard to brand-name drugs—which account for more than 80 percent of VA’s and DoD’s total drug spending—VA and DoD had no joint national contracts in 2008 or 2009.

VVA sees no reason why Congress cannot insist that these two behemoth departments put aside their territorial concerns and work together, finally, to create a single prescription drug formulary from which they will jointly purchase the medications needed by active-duty troops and veterans. And if they fail to do so, you have the power to withhold future funding, or even find key officials in contempt of the will of Congress.

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As we sit here in this fine hearing room, protected from the elements, engaged in civil discourse concerning the needs of veterans and our priorities for addressing these needs, some 1,700 men remain unaccounted for from our venture in Southeast Asia. Another 7,800 are still missing from Korea, and more than 78,000 from World War II. The fullest possible accounting of the fate of all American service members who had been Prisoners of War or who had been declared Missing in Action has long been VVA’s top priority. It should be yours, too. We implore you to fully fund the operations of the appropriate agencies and entities of government whose mission is to bring closure to the families of the fallen.

Again, on behalf of our membership, we thank you for the opportunity to present VVA's legislative agenda and policy initiatives for the 112th Congress, and we thank all of you for the work you are doing on behalf of our nation's veterans and our families.