

**Testimony of  
The Honorable Lois Capps  
Before the  
Committee on Veterans' Affairs,  
Subcommittee on Benefits  
July 10, 2001**

I am grateful to Chairman Simpson, Ranking Member Reyes, and the Subcommittee for the opportunity to comment on two very important bills before you today: The Veterans Emergency Telephone Service Act and The Gulf War Undiagnosed Illness Act of 2001. As the author of the first bill and an original co-sponsor of the second, I am pleased the Subcommittee is considering these important pro-vet measures.

H.R. 1435, The Veterans Emergency Telephone Service Act, sets up a toll free national veterans' hotline service that can be accessed 24-hours, 7 days a week. This combination "911-411" number for veterans would provide a one-stop, toll free number that veterans can call at any time of day or night for assistance. The bill is based on a similar, very successful program that is operated on a smaller scale by the National Veterans Foundation in Los Angeles.

In the past, toll free information lines for vets have typically dumped them into a frustrating automated system of repeated transfers and long waiting periods. Despite the wide array of services offered by the Department of Veterans Affairs, many veterans assistance programs are unknown to the constituency they intend to support.

Lately, I have heard that the VA has made improvements in the operation of their information lines. If that is the case, and I hope it is, I commend the VA for their progress. However, as recently as last week, one of my staff called the information line operated by the VA and was forced to wait on hold for 31 minutes.

Even if the information lines have improved, their availability and scope is limited by design. A regional information line for veterans on the Central Coast of California is only available from 7:30 am to 3:30 pm, Monday through Friday. And crisis intervention is not a service that is currently provided to veterans over the information line.

Sadly, there is a critical need for veterans and their loved ones to have 24-hour/ 7 day a week access to information and crisis intervention services. Should this bill become law, veterans in need of assistance would be able to call from anywhere in the country, free of charge, to receive immediate help or referral to services close to their homes.

This service would provide immediate and constant access to counseling and crisis intervention services, including suicide prevention, substance abuse rehabilitation

programs, and mental health services. It would provide vital information to destitute veterans in need of emergency food and shelter services. Some calls may be so desperate, immediate crisis intervention is essential to save a life.

This hotline would also provide information on medical treatment, employment training and opportunities, and small business assistance programs.

For routine inquiries that are normally and capably handled by existing toll-free numbers at the VA, the “911-411” operators may simply give general guidance and refer the caller to the appropriate VA resource.

The “911-411” hotline has a bargain basement cost when compared to its far-reaching and much-needed benefits. I have seen a business plan that shows costs of only \$2 million per year for a hotline that would be available to veterans at any time of the day or night in all 50 states. This is a small price to pay for the critical, urgent assistance that it provides for our veterans.

By virtue of their service and sacrifice on behalf of this nation, our veterans deserve the very best support services we can provide them, especially in their moments of greatest need. Sadly, such moments don’t always occur between the hours of 7:30 am and 3:30 pm, Monday through Friday.

Another important bill before you today is H.R. 1406, the Gulf War Undiagnosed Illness Act of 2001. I want to commend the Committee and ranking member Lane Evans for his leadership on this issue. This legislation would give the VA the authority to protect compensation for undiagnosed illnesses when VA determines that such protection is needed to ensure adequate participation by veterans in VA-sponsored medical research. This guarantee is particularly important for research that requires a high level of participation to achieve valid findings.

Last year, the VA conducted medical research to study the possible association between Gulf War veterans and Amyotrophic Lateral Sclerosis (ALS), commonly known as “Lou Gehrig’s Disease”. As you may know, this disease holds particular importance to me. I authored the first bill to help ALS victims—a waiver of the 24-month waiting period for Medicare benefits for ALS patients. As it happens, this bill took effect last week and I would like to thank the members of the Subcommittee for their help in its passage.

Since ALS is a relatively rare condition, it was critical that all potentially affected veterans participate in the study. However, there was some concern that veterans receiving compensation on the basis of an “undiagnosed illness” may have been wary of participating for fear of losing their benefits.

VA has taken the position that current law prevents them from acting to protect individuals who participate in such research studies from loss of compensation if a medical condition such as ALS is diagnosed during the research. This places veterans and the VA in a classic "Catch-22" situation. If research demonstrates that Gulf veterans are at increased risk for ALS or another medical condition, a scientific basis could be established for compensation. On the other hand, if veterans who might have ALS or another medical condition decline to participate in the study because of concerns about losing compensation benefits for themselves and their families, the data may not be sufficient to establish an association and advance our understanding of Gulf War Illness.

I am very concerned that this situation could be repeated again and again. This would hurt efforts to understand diseases like ALS as well as vets and their families.

I hope the Subcommittee can move forward on both of these important bills. Thank you again, Mr. Chairman.