

**STATEMENT
OF
VIETNAM VETERANS OF AMERICA**

Presented By

**Thomas H. Corey
National President**

**Avery Taylor
Chair, VVA National Government Affairs Committee**

**Dr. Linda Spoonster Schwartz
Chair, VVA National Veterans Healthcare Committee**

**Robert M. Maras
Chair, VVA National Veterans Affairs Committee**

**Rick Weidman
Director, Government Relations**

**Before The
House And Senate Veterans' Affairs Committees**

**Regarding
2003 Legislative Priorities**

March 20, 2003

Chairman Specter, Ranking Member Graham, Chairman Smith, Ranking Member Evans, members of the House and Senate Veterans' Affairs Committees, Vietnam Veterans of America (VVA) is grateful for the opportunity to present to you and your distinguished colleagues our most pressing concerns regarding the vital needs of veterans. Mr. Chairman, I would be grateful if you would enter our prepared statement into the record, and I will try to summarize some of our most central concerns.

Troops at War

As we are gathered here today in our nation's capital, tens of thousands of our service members are in harm's way in Iraq, in Afghanistan, and elsewhere in Southwest Asia. All that is done in the next few months to secure adequate resources to properly fund veterans' health care and benefits will be the most direct statement of support we can make to our troops. If there is not enough money to assist those injured and made ill because of this deployment, or our service members are forced to "prove" a connection between their service and their disability, then all of our declarations of support will indeed be hollow.

VVA is truly distressed that the veterans organizations and our advocates could not convince the Department of Defense to obey the law and ensure that a full physical, including blood and tissue samples, be given to every deployed service member. While some commanders apparently did follow the law (Attachment 1) and ensure that the men and women in their command had such physicals, such concern and leadership was the exception to an unconscionable lack of compliance by the Pentagon.

The Department of Veterans Affairs will bear the brunt of the problems created by combat and by exposures to toxic agents. Yet the DoD ignored Secretary Principi's letter asking them to obey the law in this regard. VVA asks that your committees work with your counterparts on the House and Senate Armed Services Committees to ensure compliance with the legal mandate that physical examinations be given to all replacement and occupation forces.

VVA also asks that each and every member of this committee put partisan considerations aside and take all measures necessary to ensure that the woefully inadequate House budget is restored to a workable level for veterans' services and benefits.

Mandatory Funding of Veterans Health Care

We have been having a debate for the past few years as to whether to fund the veterans health care system at a *very* inadequate level versus a *grossly* inadequate level. This debate needs to end. It is time to focus the debate over how much money is truly needed for a rational level of real-world costs, instead of pretending that a minimal threshold for safe and decent medical care for our nation's veterans does not exist. Neither the Office of Management & Budget nor the Congress can undo the laws of free-market economics. It is our collective obligation as Americans to our veterans to ensure a consistent and appropriate level of funding that will give

more than lip service to the mandates for health care set forth in law, and by the will of the American people to care for those who have borne the battle.

Americans have long held that health care for veterans is a government obligation, part of the covenant between the government and those men and women who have stepped forward to defend the Constitution, freedom, and the principles of our nation. At a time when our President is asking a new generation of our sons and daughters to bear the burden of defending America's interests, it is our obligation to keep faith with their dedication by making the commitment to ensure that the funding to care for their injuries and disabilities is not relegated to a discretionary duty of the nation they have sworn to defend. Budgets are a reflection of the values and priorities of the administrators who design them and the legislators who approve them. What does "discretionary" funding for the care of men and women who defend this country say about America?

The highest legislative priority of Vietnam Veterans of America is mandatory, or obligatory, funding for veterans health care, funding that is based on per capita use of the veterans' health care system (including long-term care) at the 1996 level of funding, indexed for medical inflation. The eligibility reform law of 1996 set the "accepted" level of care at the rates expended in FY 96. We also advocate enactment of legislation to permit the Secretary of Veterans Affairs to request additional funding over this per capita level to respond to extraordinary circumstances or new treatment modalities, such as new drug regimens for Hepatitis C, or the challenges of caring for service-connected disabled veterans with diabetes.

We believe that we as a nation can and must do better for our veterans. Despite the tremendous efforts by the leadership on both sides of the aisle on this committee, and by many other friends in the Congress, we have fallen far short on funding in the past seven years. We believe it is imperative to enact legislation to mandate obligatory funding for veterans health care. We believe that such legislation would be the hallmark of the 108th Congress, and that this can and must be accomplished now.

Department of Veterans Affairs FY 04 Budget

VVA holds that the fundamental purpose of the VA medical system is best expressed in the motto: "To care for he [or she] who hath borne the battle, his widow and his orphan." VVA strongly urges that the funding level for medical operations at the Veterans Health Administration be at least \$28 billion in "hard" appropriated taxpayer dollars for FY 2004.

The Secretary of Veterans Affairs took the only responsible action he could when confronted by dire fiscal realities. He created a new Category 8 for prioritizing medical care in the VA system and temporarily suspended new enrollments of veterans in that category. While VVA applauds the Secretary's triage action, we strongly oppose making this exclusion permanent. We ask that Congress direct the VA to use figures that include providing services to Category 8 veterans for its future planning and projection purposes.

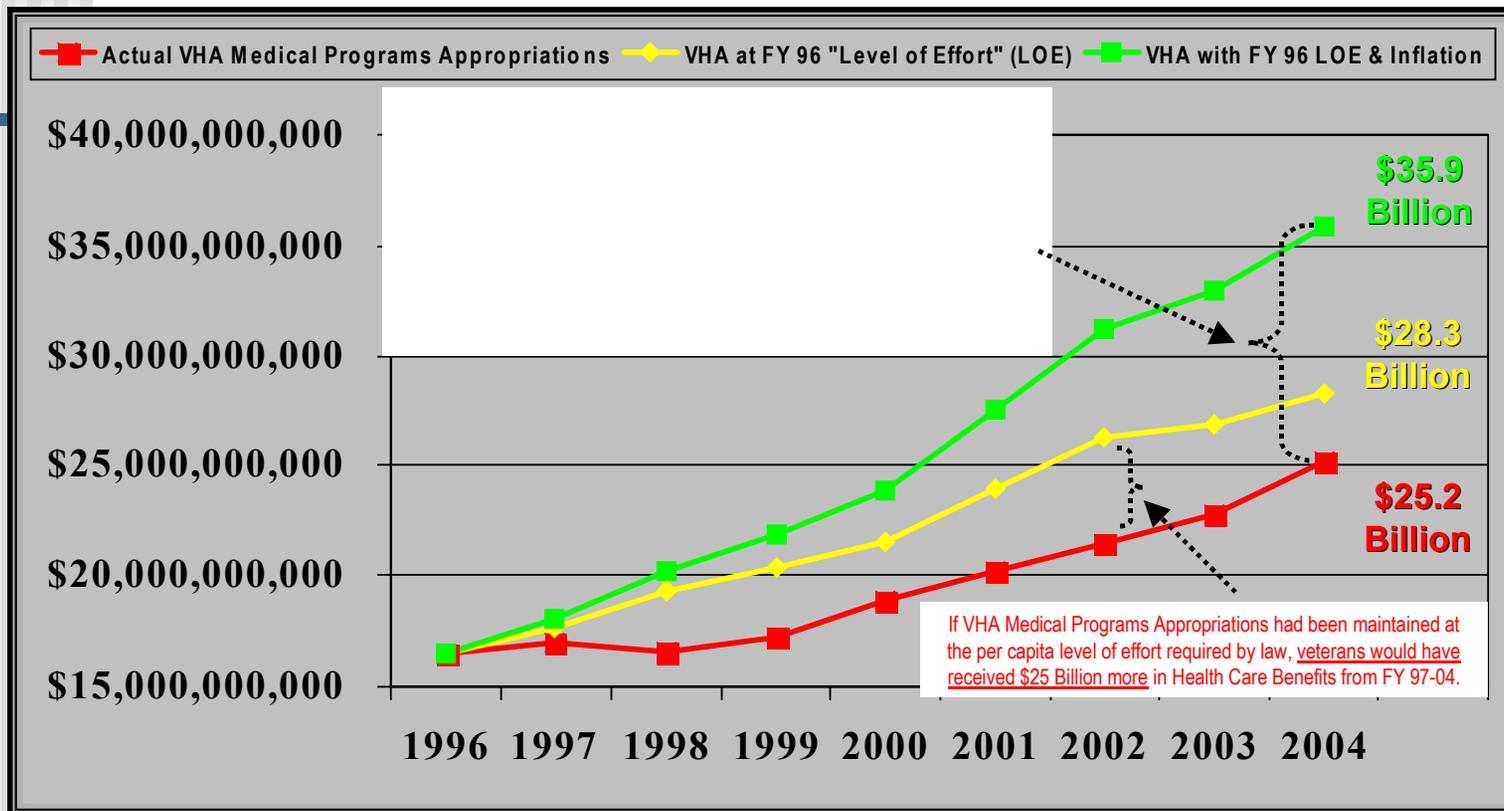
The question that we need to now ask is: Why did it come to pass that Secretary Principi had to take so drastic an action as suspending registration and access for Category 8 veterans? He should not be forced to triage American veterans in this way at home. This should not be a fiscal battlefield. The system should be assured adequate funding that complies with the law, which mandates that funding for VA healthcare meet the “level of care” in 1996. This law was undermined by years of flat-line budgeting and medical inflation, straining the VA system beyond capacity and rendering the VA unable to meet the needs of veterans who have chosen to use the healthcare system. This is their right as veterans, and that right is being abrogated.

You will note the following set of graphs that illustrate the core of the problem. While enrollees in the VHA system have increased by almost 120% since 1996 – from some 3.4 million to a projected more than 7.0 million in FY 2004 – VHA per capita expenditures have decreased over the same period by 30% (Graph 2). The ratio of patients to licensed practical nurses has shot up more than 100%, while the ratio of patients to registered nurses had grown by 67% (Graph 3). Likewise, the doctor-patient ratio has increased by almost 60% (Graph 4). While this situation is exacerbated by an increase in Priority 7 and 8 veterans, in fact *more* Priority 1–6 veterans entered the system over the same period (Graph 5). Perhaps most telling is Graph 1: Had the level of funding mandated by law been met, funding for the VA’s medical operations would now be hovering at \$36 billion, and triage would never have had to become an option for Secretary Principi.

Funding shortfalls are putting veteran safety and the quality of their care at ever greater risk. An April 2001 study sponsored by four Health and Human Services agencies confirmed that inadequate “direct care” nurse staffing increases risks of urinary tract infections, pneumonia, shock, intestinal bleeding, and lengthy hospital stays. Doctors and nurses under greater stress risk injury, too, as their increased workloads cause slower mental processing, diminished memory, and improper responses to patients. This kind of hospital environment is in effect forcing veterans into harm’s way again.

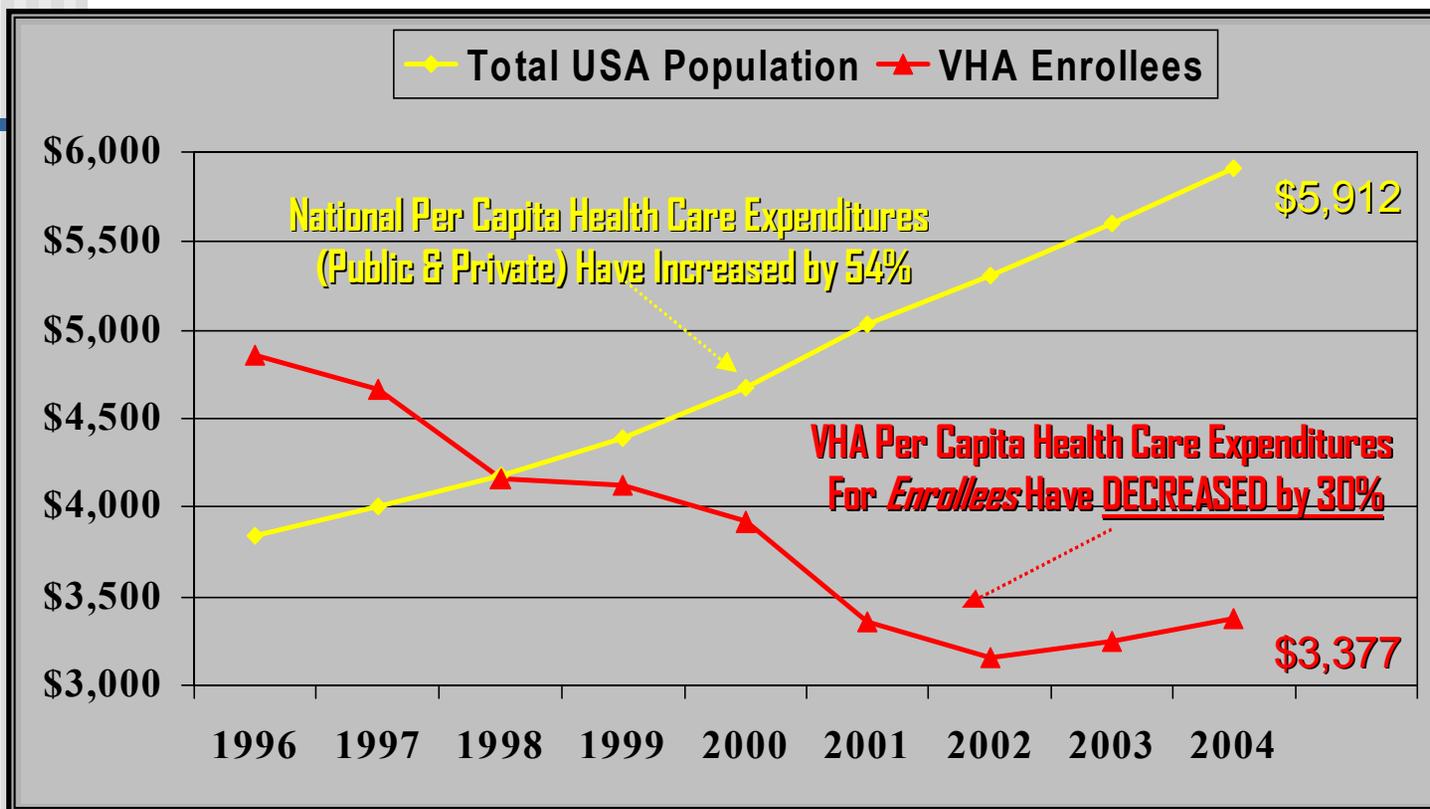
We believe that these graphs illustrate why the recommendation of the House Budget Committee to drastically reduce funding for veterans health care is simply unacceptable, especially now at a time when our servicemen and servicewomen are on the front lines in the fight against terrorism. This Budget Committee’s level of funding *must* be raised on the floor of the House to *at least* the level recommended by the Senate Budget Committee.

VHA Medical Programs "Should Spend" Budget



Sources: (VHA Medical Program Appropriations) - VHA Appropriations history/projections were e-mailed from the Veteran's Administrations Central Office (VACO) on 2-04-03.
 (VHA at FY 96 "Level of Effort" Budget Line) - Data derived by multiplying the FY 96 Per Capita "Level of Effort" (\$5,633) by the number of VHA Users. FY 96-98 VHA Users are a VVA estimate. FY 99-04 VHA Users came from the VHA Policy and Forecasting Office and utilize the "full demand" figures for FY 03 and 04.
 (VHA at FY 96 LOE & Inflation Budget Line) - Health care inflation figures for each FY were faxed to VVA from the Centers for Medicare and Medicaid Services (CMS) Actuarial Offices, and can be viewed for 1998-2004 at www.cms.gov/statistics/nhe/projections-2002/t1.asp. The CMS data are conservative because they do not reflect price inelasticity accounted for in the slightly higher health care inflation figures of the Consumer Price Index (patients cannot as easily substitute lower cost drugs/treatments as in other sectors).

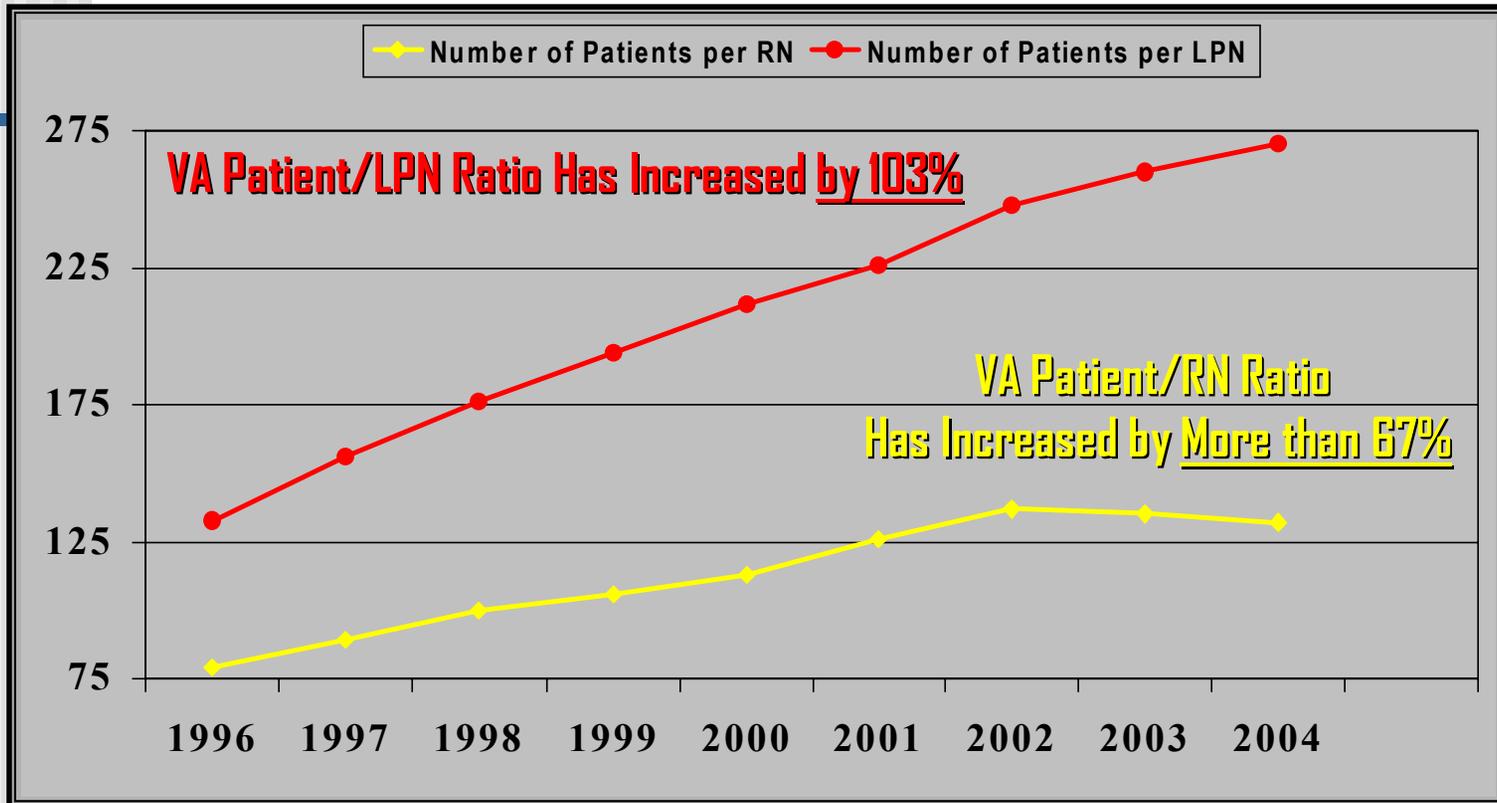
Annual Per Capita Health Care Expenditures



Sources: (National Health Care) - Per Capita Expenditures are derived from the Centers for Medicare and Medicaid Services data found at <http://www.cms.gov/statistics/nhel/>, the "nhegdp01.zip" file (2nd table at bottom of web page). Projections for FY 02-04 are based on the average 5.5% per capita growth rate from FY 96-01.

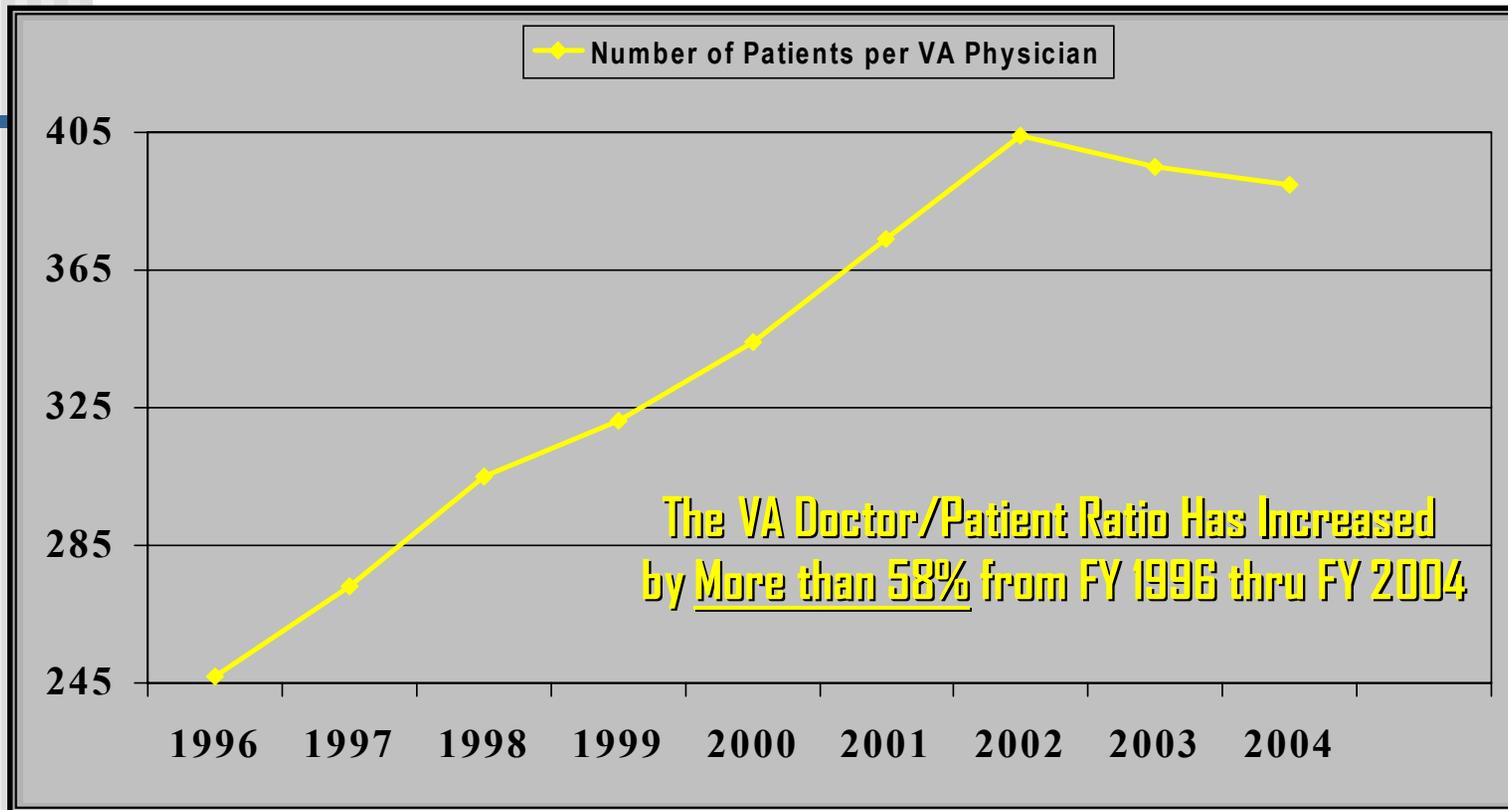
(VHA) - Enrollee Per Capita Expenditures are derived by dividing FY 96-04 VHA Appropriations by the number of VHA enrollees. FY 96-98 are estimates based on the 16% enrollee/user difference in FY 99. FY 99-04 actual and projected enrollees are from the VHA Policy and Forecasting Office and utilize the "full demand" figures for FY 03 and 04. VHA Appropriations history and projections were e-mailed to VVA from the Veterans Administration Central Office (VACO) on 2-04-03.

VA Nurse/Patient Ratio



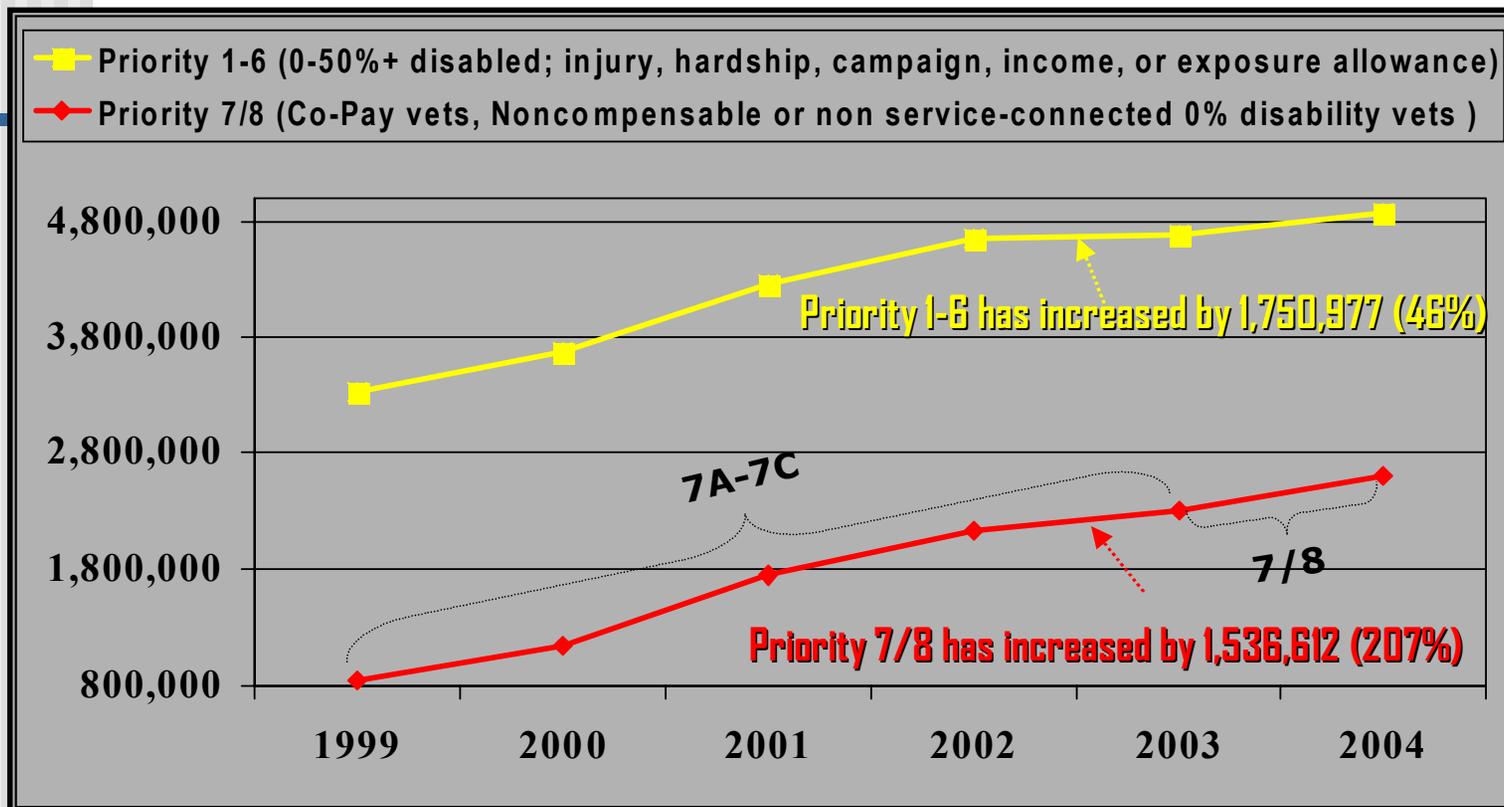
Source: Department of Veteran Affairs Forecasting and Policy Office Fax on 3-13-03.

VA Doctor/Patient Ratio



Source: Department of Veteran Affairs Forecasting and Policy Office Fax on 3-13-03.

Total VHA Enrollee Growth (by Priority and FY)



Sources: FY 99-02 data are from an Excel file e-mailed to VVA from the VHA Policy and Forecasting office titled "enrollees and pts fy99-04 by priority.xls." FY 03 & 04 estimates are from the same office and utilize the full demand figures. 7A-7C are previous designations for the current priority 7 and 8 categories.

Capital Assets Realignment for Enhanced Services (CARES)

The original concept for an assessment of real-estate holdings and plans for disposition of excess VA properties has evolved into a clinical management tool. From the outset, the effort to dispose of excess buildings at a time when the VA was engaged in a significant transformation of its health care delivery system made success in this venture a dubious proposition.

There is no question that many VA facilities have buildings no longer in use. However, as VHA moved from a disease-oriented, hospital-based system to a patient-centered outpatient modality, the physical-plant needs have been in flux. Decisions made within the context of CARES have effectively closed beds, cut staffing, compromised services, and damaged the VA's ability to respond to emerging needs of veterans. For example, the House Veterans Affairs Committee and veteran advocates have spent considerable time in the last 20 years focusing on the unmet needs of women veterans. Congress has crafted a remarkable program to help ensure that America's 1.2 million women veterans receive the privacy and specialized health services they need. While the number of women in military service has increased from 2% in 1970 to 17.5% of the active force today, we have seen signs that in the CARES process there are plans to dismantle these services and dissolve the hard-won improvements for assisting women veterans by "mainstreaming" their care. These plans are being discussed without identifiable representation by women veteran advocates in the VISNs or at Central Office. This trend will, in the end, prove to be counterproductive, and ultimately costly to rectify.

Agent Orange

Discontinue Funding for USAF Health Study (Ranch Hand)

VVA feels that this program no longer serves a worthwhile purpose and that the funds being spent on this study can be better used for other veterans health-care research needs. This study was designed to follow the health problems of Vietnam veterans involved in Agent Orange spraying activities. It presently costs \$5.8 million per year, primarily for the storage of specimens; funding for the program is slated to end in 2004. VVA would point out that for an expenditure of more than \$180 million over the life of this project, fewer than ten peer-reviewed and scientifically valid articles have been published in the literature. This means a cost of roughly \$20 million per article. We can, and must, do better than this.

VVA believes that the USAF must immediately assess the viability of the 53,000 biological specimens stored in Texas. The data and the specimens must be preserved and protected, and moved to the control of a responsible entity, such as the National Institutes of Health (NIH), to be made available to recognized research institutions for further research and analysis.

Ideally, Congress would move to create the National Institute for Veterans & Military Health (NIVMH) at the NIH, an entity that would be independent of the DoD and the VA, but one with

the authority to secure the needed information on exposures from DoD. The NIVMH would have a strong civilian panel of distinguished scientists, a panel that would include veteran service organization representatives for oversight and keeping the Institute on mission. The NIVMH would then become the repository for these specimens and data, as well as for other data and studies that potentially relate to the health of veterans and/or active-duty military.

Medical Research

The last several panels convened by the Institute of Medicine of the National Academy of Science have told veteran service organization representatives what they really need is a large-scale epidemiological study of Vietnam veterans and their families. VVA urges that the Congress move to hold hearings and enact legislation that both mandates and funds such an epidemiological study for Vietnam veterans, for Gulf War veterans, and for those presently serving in Southwest Asia.

VVA also urges that Congress take steps to require the NIH to ensure that veteran status be included as a factor to be considered in every research grant that studies adults. Such consideration is currently given in studies of the health issues of civilian women, of members of various ethnic groups, of people living in high-risk environments (e.g., Times Beach, Missouri). To our knowledge, not a single study has been funded or directly conducted by NIH into the health-care problems of veterans.

In a similar vein, VVA asks that the Congress ensure every research project conducted at the VA in which veterans are the subjects be required to take a complete military history on each veteran subject, and to test the potential exposures and service-related conditions of these veterans against the null hypothesis. Not to do so, we believe, is bad science.

Emergency Preparedness for Bio-Terrorism

Since the war on terrorism began last year, VVA has testified repeatedly on the need for the VA to be properly prepared to meet the obligations of the VA's "Fourth Mission," and be prepared to handle mass casualty contingencies, particularly those involving weapons of mass destruction (WMD). When Congress funded the VA in the current fiscal year, no funds were provided for the four national emergency preparedness centers and an educational curriculum for medical students and professions for WMD as mandated by the Public Law 107-287, the Department of Veterans Affairs Emergency Preparedness Act of 2002. VVA requests that \$20 million be included in the FY04 budget to establish these centers as mandated by law, centers that are critical to the Fourth Mission of the VA.

Accountability in Government

While the VA needs an increase to at least \$28 billion in appropriated dollars for FY 04 (if not the full \$35 billion to restore the level of effort called for in the 1996 law) to accomplish its core mission, any increase must be accompanied by additional management systems reforms, the

prime goal of which would be to increase accountability of senior managers and thus enhance the quality of services as well as improve the effectiveness and efficiency of health care. This is VVA's other primary legislative priority: to help secure legislation that will ensure *real* accountability in government. To achieve this goal, we must add to the arsenal of tools at the disposal of the appointed heads of executive agencies.

The way to achieve a more effective and efficient government is not by bashing or blaming the average civil servant. You do not point fingers at the privates, the company grade officers, and the non-commissioned officers if the war is being lost. We look instead to hold the more senior officers accountable. The difficulty inherent with such initiatives as the so-called "Managerial Flexibility Act" is that they tend to place the onus of blame on the average federal worker for the failures of senior managers. While the VA and other agencies have many very fine managers who are able leaders and dedicated public servants, they also have some who don't feel compelled to act in the manner of true public servants. The system of rewards and punishment must be adjusted to sanction those who do a poor job or are not fully open and honest with appointed or elected officials while continuing to reward those who do run their agencies and offices with imagination, dedication, and insight. We believe that there must be more careful scrutiny of executive bonuses and awards, which in FY 02 averaged well over \$11,000 per year for each of the Senior Executive Service personnel at the VA.

We endorse the introduction of a financial tracking system that works, a system that allows for tracking across the board expenditures for specific fields and areas of interest (e.g., hepatitis). We also advocate the establishment of a real-time Management Information System that can tell the Secretary and his top leaders exactly what resources they have at any given time. We applaud the initiatives taken by Secretary Principi, but we know that they only begin to address a long-standing problem.

Veterans Benefits and Claims

Compensation and Pension Perspectives

Secretary Principi has acted proactively on recommendations for increased training and accountability of the VA Compensation and Pension (C&P) staff and management. However, progress in implementing these recommendations has been painfully slow and entirely inadequate in terms of demonstrated increases in proficiency (including timeliness and accuracy of decisions), reduced remanded claims and appeals, and professional accountability. His Task Force on Claims Processing essentially concluded that better training of new C&P hires and retraining of long-time staff members are of paramount importance to overcome the current institutional culture of indifference to benefits-related statutes, regulations and jurisprudence, acceptance of poor proficiency and performance, and the belief that staff and senior management are immune from disciplinary action as the result of erroneous and unnecessarily prolonged decision-making. VVA wholeheartedly concurs with the conclusions of the task force.

The VA's budget submission for its C&P training and performance evaluation design programs contemplates too small an increase (\$2.1 million) to even minimally effect the current situation let alone accomplish its goals. Substantially increased funding is required in this arena to slow the momentum of years of low agency-wide expectations and to affect significant changes in training, performance, and accountability.

Proposed Legislation

In its budget report, the VA has proposed legislation to reverse the decision of the United States Court of Appeals for the Federal Circuit in *Allen v. Principi*, 237 F.3d 1368 (Fed. Cir. 2001), which held that Title 38 U.S.C. § 1110 permits a veteran to receive compensation for an alcohol or drug-abuse disability acquired as secondary to, or as a symptom of, a veteran's service-connected disability (including Post-Traumatic Stress Disorder). The Court concluded that Section 1110 does not preclude compensation for an alcohol or drug-abuse disability secondary to a service-connected disability, or use of an alcohol or drug-abuse disability as evidence of the increased severity of a service-connected disability. The Court's analysis of the statute deemed that compensation is only barred for primary and secondary substance-abuse disabilities that result from a veteran's willful misconduct or the primary abuse of alcohol or drugs (such as cirrhosis). The *Allen* decision overruled the Court of Appeals for Veterans Claims' decision in *Barela v. West*, 11 Vet.App. 280 (1998) and VA General Counsel Opinions 2-98 and 7-99, which essentially decided that compensation may not be paid for a disability due to alcohol or drug abuse. Consequently, service connection may be granted for alcohol or drug abuse if it is clinically established that the condition is adjunct to a service-connected disability. A higher evaluation may be granted for such symptomatology if clinical evidence demonstrates that the symptomatology is part of a service-connected disability.

In rendering its opinion, the Federal Circuit did not find that Congress, in enacting 38 U.S.C. § 1110, intended to include secondary service connection for substance abuse-related disorders where a service-connected disability is the cause within the willful misconduct prohibition. Nowhere is this situation more prevalent than when a veteran has a service-connected psychiatric disorder, particularly PTSD. It cannot be disputed that the VA compensation scheme is designed to compensate veterans for disabilities incurred as the result of their military service. There is no substantive difference, however, between any other secondarily service-connected disability and a substance abuse-related disability that is a consequence of alcohol or drug abuse caused by a service-connected disability. Federal courts have already recognized this. Essentially, what the VA proposes is cutting costs (*Allen*-related benefit payments are estimated at \$127 million in FY 04) by cutting entitlement to *bona fide* service-related disabilities. To do so flies in the face of the VA's mission as well as being utterly unconscionable.

Total Reform of the Claims Adjudication Process

VVA believes that it is high time that Congress seriously consider complete judicial review by allowing veterans much greater access to the federal courts. Similarly, VVA believes that it is time for a thorough revamping of the VA claims process. In addition to requiring competency-based exams of everyone involved in the process, VVA believes that the rating schedules for many maladies must be reviewed and brought in line with the Diagnostic & Statistical Manual (DSM). VVA pledges to work closely with the committees on this issue.

Homeless Veterans***Guaranteed Transitional Housing Loans for Homeless Veterans***

VVA believes the VA is long overdue in implementing Section 601 of Public Law 105-368, which established the Pilot Program for VA Guaranteed Loans for Multi-family Transitional Housing for Homeless Veterans.

It has been VVA's understanding that this program was to provide a housing option for a period longer than two years, the average length of time a homeless veteran spends in a transitional living arrangement. The intention of the program was, in fact, to provide housing/residence as a long-term option.

In this regard, the program is not "transitional" in the true and consistent use of this term, and being consistent with terminology is important to avoid any future misunderstandings. Additionally, multiple definitions may create a variety of criteria under which programs and administrators are held accountable. This confusion multiplies further during the drafting of associated policies and legislation. The change of title for this loan program, perhaps to "Community Intermediary Housing," may require legislative action.

VVA also objects to language in the FY04 budget that would move this program from a loan program to a grant program and in the process change its funding from mandatory to discretionary. This change would also preclude the original intent of the statute, which was to bring private capital into the effort to solve a public problem. The VA has invested many months moving this program forward, but if the VA does not set an appropriate foundation for future involvement on the part of future initiatives for this program, it will undermine its own credibility as well as its working relationship with any future concerns, corporations, investors, or non-profits.

That a significant number of new units of transitional housing for homeless veterans are needed is incontestable; VVA believes that the need is clear, apparent, and pressing in most areas of the country. On any given night an estimated 275,000 veterans are homeless. These pilot housing projects were authorized almost four years ago and there can be no excuse that thousands of veterans still sleep on the streets who otherwise might have shelter had these pilots moved from goal to reality.

Public Law 107-95: The Homeless Veterans Comprehensive Assistance Act of 2002

We must ask again that Congress restore funding for P.L. 107-95 the Homeless Veterans Comprehensive Assistance Act. This landmark legislation was passed in a bipartisan Congress to help the over 250,000 homeless veterans, but once again the administration has failed to request funding. VVA is requesting that \$75 million be available in the Department of Veterans Affairs FY04 budget for the VA Homeless Grant and Per Diem program.

VVA also urges full funding to the authorized level of \$50 million for the Homeless Veterans Reintegration Program (HVRP) administered by the Department of Labor. This employment/training initiative has long suffered the consequences of limited funding. How can the Department of Labor extol a commitment to the training of homeless veterans while at the same time denying them the full funding that has been requested under P.L. 107-95? HVRP is the most cost-effective program administered by the DOL for any group. Exactly who at OMB or DOL is against helping homeless veterans move from the dole to the tax rolls?

This program, we believe, must be fully funded

POW/MIA

The fullest accounting possible of servicemen missing overseas from all American wars and “deployments” remains VVA’s highest priority. Last year we asked for your assistance to pressure the executive branch to insist on resolving the status of Navy Lieutenant Michael Speicher, who was shot down and listed as missing in action during the Gulf War. We must reiterate that call again this year.

We also ask that Congress provide close oversight to ensure that maximum effort be made to secure of any American who might still be held captive, and to recover the remains of those who have perished in battle

Compensation for Ex-Prisoners of War

In the 107th Congress, H.R. 5235, the Prisoner of War Compensation bill, was introduced, but never enacted. VVA supports the intent of the bill, but vigorously disagreed with the language regarding disallowing benefits due to alcohol. VVA will work with Congressman Simpson who

has reintroduced the bill to remove this language and ensure passage of H.R. 850 in the 108th Congress. We believe that former POWs ought to be compensated for the years of lost freedom they suffered, and o supports the recent decision by Secretary Principi to offer presumption of service- connection for former prisoners of war. However, we would urge that Congress lock these gains into “black-letter law.”

Employment, Training, and Entrepreneurship

Public Law 107-288: The Jobs for Veterans Act

The bill that left the House would have been, if enacted, a landmark piece of legislation. For the first time, states would receive funding based on how well they actually helped veterans, particularly disabled veterans, recently separated veterans, and veterans at risk, to obtain and sustain employment. Provisions of the House bill also called for rewarding individual Disabled Veteran Outreach Program workers (DVOPs) and Local Veteran Employment Representatives (LVERs) with cash awards and other recognition.

Unfortunately, rewarding states based on their record of helping veterans was eliminated in conference with the Senate. This has meant that the Veterans Employment & Training Service in the Department of Labor has virtually no hold over the State Workforce Development Agencies, the entities that actually employ the DVOPs and LVERs. When these state agencies do a poor job of placing veterans and disabled veterans into permanent jobs, the DOL can impose no meaningful sanctions. If neither rewards nor sanctions are available to DOL/VETS, there is no meaningful accountability system to help achieve better performance from these state agencies.

VVA recommends that the House take the lead in pushing for the restoration of the original language that was eliminated last year in conference. The Jobs for Veterans Act will only offer real reform and improvement of the track record of placing veterans, particularly disabled veterans, when measurable performance is directly linked to funding.

Public Law 106-50

Public Law 106-50 is not working well for a very basic reason: the Small Business Administration (SBA) and the Office of Federal Procurement Policy (OFPP) have not even tried to implement the law, much less make it work, until this past month. As a result of a full House committee hearing on February 5, the Administrator of the SBA and the Director of the OFPP met with the Task Force for Veterans’ Entrepreneurship at the White House to start work toward the proper and full implementation of P. L. 106-50, particularly with regard to procurement goals for disabled veteran-owned businesses. The major veterans organizations and other participants in the task force are hopeful that real progress will be made by June.

What is needed is the commitment to the provisions of the law, and the assembling of data so that procurement officers and decision-makers can more easily reach disabled veteran-owned businesses. Congress should propose legislation that would create a “disabled veterans

competitive reserve,” or mandate that certain contracts can be let by sole-source authority. We believe as well that all of the provisions currently contained in Title 17 pertaining to the SBA be integrated into a new Chapter 44 of Title 38. Such a revamping of the law would have the effect of reinforcing that this is a key program for veterans and disabled veterans and not just one more minor add-on to the SBA laundry list. The bottom line is that it has been more than four years since enactment of P.L. 106-50, and little has been done to implement the law. With your help, we can do better.

The procurement provisions are clearly ineffective and not taken seriously by contracting officers and contract decision-makers. The leadership from the very top has been either lacking or thwarted by recalcitrant and seemingly unaccountable senior bureaucrats. Additional changes to the law are needed to ensure that disabled-veteran business owners can get their foot in the door to compete for business on a level field.

Veterans Preference

VVA asks for the strong support of the Congress to pass new legislation that will put teeth into the enforcement of true veterans preference in hiring and retention in the federal workforce. The Office of Personnel Management (OPM) as well as the other federal entities such as the Office of Special Counsel and the Merit System Protection Board that are required by law to implement the provisions of the Veterans Employment Opportunities Act of 1998 have in effect been spending taxpayer dollars to circumvent the law and prevent hiring of veterans, particularly disabled veterans. While the needed changes in law are under the jurisdiction of the Civil Service Subcommittee of the Committee on Government Reform, we need the active public commitment and strong support of every member of Congress to make veterans preference a reality again, in fact..

Vet Centers

VVA again asks for your help in securing more resources for this most cost-effective program. The Readjustment Counseling Service (Vet Centers) are doing yeoman work in assisting veterans of all wars with their psychological and other problems. To enhance their effectiveness, they need an additional 250 staff persons. This would mean an increase of \$ 18,000,000 in the FY 04 budget. Considering that the Vet Centers are clearly the most cost-effective program in the VA umbrella of programs, this would be a wise, prudent, and much needed investment.

Gulf War

Today, while America is at war against Saddam Hussein and his minions, almost a quarter of a million American troops are in harm’s way. Whatever one thinks of the righteousness of this cause, we must all pull together behind the young men and women who fight under the banner of Old Glory.

We must also insist that the Department of Defense conform to the law – specifically Public Law 105-85 – that mandates Force Health Protection. This law was passed by Congress in 1998 in an attempt to expand the scope of military medicine, adding to the primary mission of casualty care the active monitoring of our troops faced with potential biological, chemical, or environmental contamination. Because no one wants a repeat of the medical mysteries that have plagued Gulf War veterans, this must happen.

The Force Health Initiative was supposed to be a catalyst to broaden the focus of military medicine from acute-care services and post-casualty intervention to include proactive, preventive services that maintain fit and healthy forces. This initiative was also designed to avoid mistakes made a dozen years ago by collecting baseline data on the health of individual service members before, during, and after serving in a war zone. This initiative was to in essence provide the platform for future research should any chemical or biological event occur. This initiative called for drawing and storing blood samples from every soldier deployed to a combat zone, significant medical record-keeping, and an examination of a soldier's mental health.

But the Pentagon has acknowledged that it cannot verify that soldiers in the anti-terrorism campaign or the potential war with Iraq are in fact undergoing the medical exams mandated by the law before and after deployment. While many commanders have done the right thing by their troops by complying with the law, this initiative is not being followed by all commanders.

The Pentagon cannot comply with the law by handing out a questionnaire. This will not cut it. In the event that our troops are exposed to some chemical or biological agent or other toxins, or in the event that some of them come down with some disease or condition of unknown origin, we will have the baseline data needed to definitively show cause and effect only if a predeployment physical and blood and tissue sample exist.

This is an egregious flaunting of the law, and it needs to be rectified immediately.

Another egregious Pentagon practice is the forced use of experimental drugs and vaccines. Recent DoD medical policy announcements have set the stage for service members to again take the highly-problematic PB (pyridostigmine bromide), and thousands of anthrax shots are underway without a specific FDA ruling on its safety and efficacy as used by the services. These shots continue in spite of not being cleared by any non-DoD agency as a contributor to Gulf War Illnesses, in spite of surveys showing 77% of service members object to the mandatory injection, in spite of every other ally making the shot voluntary, and in spite of several pending lawsuits and actions against the FDA, the Pentagon, and the manufacturer for illegal shot policies, contamination, and adulteration.

According to the National Gulf War Resource Center and hearings in various House and Senate committees, the Pentagon is proceeding in this Iraq operation without adequate chemical/biological equipment and training, without an understanding of the theater risks of depleted uranium, oil well fires, pesticides and solvents, or a combination of all these ingredients that constituted the “toxic soup” service members faced in 1991.

The only solution to this deplorable lack of medical readiness is an insistence and persistence by members of Congress to hold Pentagon principals accountable for the way they treat returning troops.

Project 112/Shipboard Hazards And Decontamination (SHAD)

For almost two years now, VVA has been seeking to ascertain the truth of the deliberate as well as the inadvertent exposures of American military personnel in the 1960s and early 1970s to chemical warfare agents, biological warfare agents, and other non-conventional weapons that are sometimes known as “weapons of mass destruction.” We need the strong support of the Committees on Veterans Affairs in both the House and Senate, in addition to the active assistance of the Armed Services Committees and possibly the Intelligence Committees, to get the truth and secure some measure of justice for veterans and their families whose health may have been impacted years later by biowarfare agents they may never have even known they were exposed to.

Moreover, we need your strong and active support for the swift enactment of the Veterans Right to Know Act soon to be introduced in both the Senate and the House

Military Retirees

VVA was shocked and dismayed by the provision in the FY 03 Defense Authorization bill allowing disability compensation to be paid to some military retirees who qualify for the benefits in accordance with the law. VVA believes that there should no reduction from earned military retiree pay for disability payments any more than there should be deductions from civilian retirees’ pay for disability payments. We strongly support H.R. 303 introduced by Congressman Bilirakis and request support from the members of the House and Senate Appropriators Committees to restore language in the FY 04 defense authorization bill allowing full concurrent receipt for all military retirees.

Women Veterans

VVA asks that Congress make permanent the authority for care for sexual trauma, and take steps to ensure that there are enough full-time women veteran coordinators within each VISN to ensure that the needs of women veterans are being met in both the community-based outreach clinics and the medical centers. VVA also seeks a congressional mandate for a women veterans health program office in the VA.

VVA further asks that legislation be crafted that would extend the same treatment services and benefits for children with birth defects who were fathered by Vietnam veterans as those accorded to the children of women who served in Vietnam. We also ask that Congress vigorously exercise its oversight function to ensure that proper implementing regulations are promulgated and that these needed services are delivered in an effective and timely manner. VVA also notes that

while more than 300 claims have been received on behalf of children with birth defects, only a single claim has been granted in three years.

Conclusion:

On behalf of Vietnam Veterans of America, we thank you for your support and your continuing commitment to our nation's veterans. We will be more than happy to answer your questions.

**VIETNAM VETERANS OF AMERICA
Funding Statement**

March 20, 2003

A national organization, Vietnam Veterans of America (VVA) is a non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true for the previous two fiscal years.

For Further Information, contact:

Director of Government Relations
Vietnam Veterans of America
(301) 585-4000 ext 127

Thomas H. Corey

Tom Corey serves as President of Vietnam Veterans of America, the nation's only congressionally chartered organization devoted to serving the needs of Vietnam-era veterans and their families.

A native of Detroit, Corey was drafted into the U.S. Army and sent to Vietnam in May 1967. He served as a squad leader with the 1st Air Cavalry Division. While engaged in an assault against enemy positions in January 31, 1968, he received an enemy round in the neck, which severed his spinal cord and left him paralyzed and a quadriplegic. Corey is a highly decorated combat veteran. He was medically retired in May 1968.

After an extended hospitalization, Corey returned to his family in Detroit, where he spent his time in and out of the local VA hospital. He relocated to West Palm Beach, Florida, in 1972, where he is involved in community affairs and serves on many advisory boards, including those at the VA Medical Centers in Miami and West Palm Beach, the VA Research Foundation of the Palm Beaches, and the VISN 8 Management Assistance Council. He has received numerous awards for speaking out for the rights of veterans and disabled persons.

Corey was the first recipient of the Vietnam Veterans of America's Commendation Medal, VVA's highest award for service to veterans, their families, and the community.

Corey was the founding President of VVA Palm Beach County Chapter 25 in 1981. In 1991, the chapter was named the Thomas H. Corey Chapter at its tenth anniversary celebration. In 1985, he was elected to VVA's National Board of Directors. In 1987, he was elected VVA's national Secretary and was re-elected in 1989, 1991, 1993, and 1995 to that position. In 1997, he was elected VVA's national Vice President; in 2001, he was elected VVA President.

Corey is a member of the Paralyzed Veterans of America, Purple Heart Association, Disabled American Veterans, American Legion, Veterans of Foreign Wars, 1st Cavalry Association, and National Association of Uniformed Services.

Tom Corey currently resides in West Palm Beach. He has a son, Brian, and a daughter, Trang.

Henry Avery Taylor

Henry Avery Taylor is a Life Member of Vietnam Veterans of America. He was recently chosen Chairman of the national VVA Government Affairs Committee. Previously, Taylor has served in various offices at the VVA chapter and state level, as well as a member of the national VVA Public Affairs Committee.

Avery Taylor served in the United States Army from 1966-1970. He was a Communications Center Supervisor in the U.S. Army Security Agency, and served with the 77th SOU, Clark AFB 1967-1968, and the 301st ASA Battalion, Fort Bragg, in 1968. Taylor served in Vietnam with the 509 RRCUV, Tan Son Nhut AB, Saigon, in 1969. He was awarded the Bronze Star for meritorious service.

Taylor attended Auburn University and Spartanburg (S.C.) Methodist College. He has business experience totaling more than 30 years in information technology. His job functions have included programming, analysis, engineering, and management in both operations and systems development. He also has extensive experience with a variety of IBM mainframe configurations as well as with personal computer systems and applications. For the past 11 years, he has been Senior Quality Assurance Consultant for the Farmers Insurance Group in Baltimore, Maryland.

Avery Taylor and his wife reside in Catonsville, Maryland.

Linda Spoonster Schwartz, RN, MSN, DPH, Major, USAF, NC (Ret.)

Linda Schwartz received her diploma in nursing from Saint Thomas Hospital School of Nursing in Akron, Ohio. She is a *cum laude* graduate of the University of Maryland and received a master's degree in psychiatric nursing from the Yale University School of Nursing. She completed her doctoral degree in public health at the Yale University School of Medicine, Department of Epidemiology and Public Health, in April 1998. Her dissertation, "Physical Health Problems of Military Women Who Served During the Vietnam War," is the first major research investigation of the health of women veterans of the Vietnam Era.

She is medically retired as a major from the military as a result of injuries sustained in an aircraft accident while on duty in the Air Force.

Dr. Schwartz has a long history of involvement in nursing and veterans organizations. She has served as President of both the Connecticut Nurses Association and the Connecticut Nurses Foundation. In 1987, she was elected to the Board of Directors of the American Nurses Association. She also served as a member of the Board and as treasurer of the ANA PAC from 1987-1989. She is currently an associate research scientist at the School of Nursing at Yale.

Dr. Schwartz has served as trustee of the Connecticut Department of Veteran Affairs since 1989. She served 10 years on the VA Advisory Committee on Readjustment of Vietnam Era Veterans. She has also served as chair of the VA's Women Advisory Committee from 1997-2000. She was a member of the Board of Directors of VVA from 1989-1995. She was one of the founders and served as president from 1990-1996 of the Vietnam Veterans Assistance Fund, a charitable organization certified from the Combined Federal Campaign which focuses on the needs of the nation's nine million Vietnam Era veterans.

From 1992-1999, Dr. Schwartz served in a volunteer capacity as co-director of "Project Partnership," a program in which the VVAF acquired and developed four homes for homeless and disabled veterans in conjunction with the West Haven VA Medical Center. Project Partnership was incorporated as a 501 (c) (3) entity in 1997.

Dr. Schwartz resides in Pawcatuck, Connecticut, with her husband, Stanley, a restaurateur, and her daughter, Lorraine, a 1998 graduate of Syracuse University.

Robert W. Maras

Robert Maras joined the Marine Corps in 1965, upon graduation from Woodbridge (N.J.) High School. After training and one year with the 1st Battalion, 6th Marines, Maras was assigned to the 1st Battalion, 9th Marines in I Corps, Vietnam, where he served for 13 months until November 1967. He spent four months of this period in hospitals recovering from shrapnel wounds. (The common nickname for the 1/9 Marines was “The Walking Dead,” as a result of their very high casualty rate.) Upon returning from Vietnam, he was assigned to installations in Cuba and in the U.S. He received an honorable discharge in 1969.

Maras was a career policeman with the Lakewood, New Jersey Police Department. He has served in numerous capacities with Vietnam Veterans of America at the chapter and state level in New Jersey, including four years as New Jersey State Council President. Since 1997, he has served as a member of the National Board of Directors of VVA, and as the Chairman of the VVA National Veterans Affairs Committee. He has also been active in the Veterans Initiative program of VVA, which has encouraged cooperation on both sides in regard to information that can lead to repatriation of remains from the war in Vietnam. In regard to this work, he has participated in four VVA missions to Vietnam in recent years.

Robert Maras is a native of New Jersey, where he currently resides with his wife, Kate Scott. He is the father of four children.

Richard F. Weidman

Rick Weidman serves as Director of Government Relations of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23rd Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Weidman was part of the staff of VVA from 1979-1987, serving variously as Membership Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of New York Governor Mario M. Cuomo as statewide director of Veterans Employment & Training (State Veterans Programs Administrator) for the New York State Department of Labor.

He has served as consultant on legislative affairs to the National Coalition for Homeless Veterans and served at various times on the VA Readjustment Advisory Committee, the Secretary of Labor's Advisory Committee on Veterans Employment & Training, the President's Committee on Employment of Persons with Disabilities Subcommittee on Disabled Veterans, the Advisory Committee on Veterans' Entrepreneurship at the Small Business Administration, and numerous other advocacy posts in veterans affairs. Among his other responsibilities, he is currently serving as Chairman of the Task Force for Veterans' Entrepreneurship and the Task Force for Veterans Preference & Government Accountability, both of which are mechanisms for veterans organizations and other Americans committed to justice for veterans to coordinate efforts on these vital issues.

Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he also was active in community and veterans affairs. He attended Colgate University, from which he received his bachelor of arts degree in 1967, and did graduate study at the University of Vermont.

He is married and has four children.

**2003 VIETNAM VETERANS OF AMERICA LEGISLATIVE AGENDA
AND POLICY INITIATIVES**

Adopted at the VVA National Board Meeting of January 25, 2003

I. HEALTH

Veterans Health Care Funding Act of 2003.

This act will affix VA health-care funding to the actual average cost of care for veterans enrolled in the system, with annual indexing for inflation, replacing the current discretionary funding formula.

VA should offer a defined health-benefit package, on a premium basis for veterans.

VA also should be permitted to bill, collect and retain third-party reimbursements from Medicare on behalf of Medicare-eligible veterans.

Discontinue future funding for USAF Health Study (Ranch Hand)

VVA feels that this program no longer serves a worthwhile purpose and that the funding can be better used for other veteran health care needs. This study was designed to follow the health problems of Vietnam veterans involved in Agent Orange spray activities. It presently cost \$5.8 million per year, primarily for the storage of specimens, and the currently funded program is due to end in 2004. The USAF must take actions to assess viability of the 53000 biological specimens stored in Texas and the ethical disposition of them.

Enactment of “The Comprehensive Agent Orange and Dioxin Act of 2003”, that would authorize, mandate and fund:

- Research in Vietnam funded at a level of \$5 Million per year over a 5 to 6 year period.
- Research in the United States at a level of at least \$100 Million in aggregate funding. This will include research that is independently performed, but funded by the Federal government including DOD funding for Prostate Cancer Research to at least the \$100 Million required to enable this research to go to clinical trials. This would also include a truly national epidemiological study focused on Vietnam veterans and adverse health impact of exposure to Agent Orange and other toxic substances and experiences in military service plus birth defects in progeny of male Vietnam veterans.
- Review of death certificates of veterans, children and their grandchildren.
- Veterans in Times Beach, MO. and other dioxin contaminated sites in the United States.
- Compile database at Library of Congress or National Institutes of Health and National Institute of Environmental Health Study of all relevant toxic chemical studies and surveys, to include state studies (i.e., Michigan, NJ).

- Fund fully the “National Institute of Veterans Health“ at National Institute of Health.
- Additional birth defects studies & presumptive connections where indicated; study birth defects in second and third generations.
- Advocate for presumptive service-connection of all cancers diagnosed in Vietnam veterans.

Enactment of “ The Veterans’ Comprehensive Health Care Act of 2003”:

- End discrimination in allocation of resources against neuro-psychiatric disciplines and readdress current imbalance of resources.
- Seek to make the eligibility criteria permanent for access to VA treatment for sexual trauma while in the military.
- Seek approximately \$2B increase for inflation VHA in FY04 budget and average increase of \$1B for the next 3 years to restore organizational capacity lost since 1996. **This would be in lieu of passage of the new Health Care Funding Act.**
- Seek to congressionally mandate a Women Veterans Health Program office in VA
- Seek to mandate Women Veteran Coordinators position at no less than 0.5 FTEE at each VA medical center and regional office and full time at the VISN level.
- Legislation that would mandate the money for NIEHS that would be used exclusively for agent orange/dioxin research in Vietnam.
- Amend P.L. 102-4 and require that NAS to consider all studies that are relevant to chemicals used in Vietnam.
- Amend P.L. 102-4 in relation to burden of proof on scientific studies.
- Mandate that NAS make a statement on diseases as to whether it is just as likely as not that agent orange/dioxin etc. could have caused the illness.
- Mandate research regarding cancers in veterans and their families at Camp Lejeune, NC.
- Ensure PTSD and Mental Health treatment is available in all standardized geographical areas (21 VISNS). The amount of care available should be related to the veteran population.
- Provide funding for expansion of Vet Center Readjustment Counseling programs.
- Provide for PTSD Counseling for Families in the Vet Center Readjustment Counseling programs.

II. BENEFITS

Seek and Secure Congressional Oversight Hearings that address:

- Disparity between Agent Orange claims filed versus claims granted and lack of Agent Orange Research.
- Review and revise, if needed, the current rating schedule for service-connected mastectomies.
- Secondary conditions for non-Hodgkin's lymphoma to be placed in part 4 of title 38 CFR.

Seek enactment of "The Equitable Hazardous Battlefield Compensation Act of 2003" that would include, but not be limited to:

- Address inadequacies of VA rating schedules for benefits.
- Service connection for other appropriate conditions related to Agent Orange exposure and other exposures due to service in Vietnam (the "In-Country" effect).
- Service connection for secondary illnesses induced by or exacerbated by exposure to Agent Orange or other toxic substances in military service or by chronic acute PTSD.

Seek enactment of the "Dates Bill" that would:

- Modify IRS statute or IRS ruling to begin eligibility for 501(C)(19)B to begin in April 1, 1954 and extend to December 31, 1975 for in-country veterans and reinstatement of National Defense Service Medal.
- Adjust the dates of eligibility to receive the Vietnam Service Medal.
- Modify Vietnam "ERA" beginning date as deemed appropriate by the VVA National Board.

Seek Legislation that would:

- Secure GAO report and oversight hearing concerning homeless and seriously mental ill veterans who have conservators appointed to handle their finances.
- Extend benefits to men and women of the Reserved and National Guard to include sexual trauma and assault incurred while on non-active duty training.
- Seek legislation or regulations to add men to P.L. 106-419 for birth defects. Current law only states women.
- Support Hepatitis C legislation for proper testing, treatment and compensation.
- Support concurrent receipt legislation to allow all military retirees to collect full retirement as well as VA compensation.
- Treating physician rule: establish the principle that the treating physician's opinion holds more weight in determining a rating decision in the Veterans Benefits Administration proceedings.
- Advocate Congress to protect money allocated for specific veteran programs and extend to three years by legislation, the time frame for the protected money of special need programs.

- Seek legislation and fund benefits to provide VA benefits to children of all veterans, who suffer birth defects attributed to service in Vietnam
- Authorize, mandate, and fund additional birth defect studies with presumptive service connection if indicated by study outcome.
- Mandate entitlement for veterans' incarcerated access to VA services for compensation and pension examinations and service connected health problems at state and federal penal institutions.
- Renew the charter for the VA Advisory Committee on Women Veterans (due to expire in December, 2003.)
- Make the VA Advisory Committee on Women Veterans biennial report submission to the secretary and congress a permanent requirement.

III. HOMELESS VETERANS

Enactment of the "Millennium 'Fair Share' for Homeless Veterans' Act" or an Executive Order:

- Require that a Fair share of resources from all Federal programs be targeted to "veteran specific" programs, especially to programs meeting the "special needs" of homeless veterans.
- Work to establish set aside HUD McKinney homeless dollars to be linked with VA Homeless Grant & Per Diem Program funding to ensure appropriate resources for the establishment of Transitional Housing for homeless veterans.
- That VA Health Care for Homeless Veterans (HCHV) dollars, to include those of the Homeless Grant and Per Diem Program, be set aside in the VA Budget as a line item as fenced funding.

Enactment of "The Service Members' & Veterans Self Sufficiency Act of 2003" A Holistic Approach to Assist Homeless Veterans:

- Ensure that VA FY04 budget includes authorized appropriated funds for implementation of all provisions of P.L. 107-95 the Homeless Veterans Assistance Act of 2002.
- Ensure FY04 funding for Health and Human Service (HHS) for HUD McKinney – Vento Programs; for Projects for Assistance in Transition from Homeless Programs (PATH); for Grants for the Benefits of Homeless Individual Programs (GBHI); for the Interagency Council on the Homeless (ICH) and for Health Care for Homeless Veterans (HCHV.)
- Ensure FY04 funding for Federal Emergency Management (FEMA) include \$200 million for the National Emergency Food and Shelter Board –FEMA
- Ensure FY04 funding for Department of Labor (DOL) include \$50 million for Homeless Veterans Reintegration Program (HVRP)

IV. POW/MIA

- Seek legislation for quicker and full declassification and release of all documents pertaining to all POW/MIAs.
- Seek to enforce law that all post offices fly the POW/MIA Flag on the days they are required to do so. A lot of post offices are still not doing it despite the law.
- Work to get the third Friday, in September recognized as National POW/MIA Recognition Day in each and every state.
- Seek to enforce the POW/MIA Memorial Flag Act, that requires the display of the national League of Families POW/MIA Flag at the World War II Memorial, the Korean Veterans Memorial and the Vietnam Veterans on any day that the United States flag is displayed.
- Seek passage of the Special Former Prisoners of War Compensation Act, which would establish a three-tiered special monthly pension for former POWs and eliminate any language in the bill that would disallow benefits due to alcohol.
- Seek passage of a Congressional resolution to urge Vietnam to respond to the Presidents March 20, 2002 criteria regarding needed unilateral actions by Vietnam to provide relevant wartime records and to repatriate remains of those who cannot be located in the field, due to earlier recovery and storage.
- Seek a more aggressive and diligent public awareness program to inform Families of those listed as POW/MIA for the need to provide DNA blood samples to be used for possible identification of those still missing.

V. STATE LEGISLATION

Work with the State Councils to seek enactment of legislation to create:

- “POW/MIA Recognition Day” to conform to Federal date.
- A VVA state legislative agenda appropriate to each state in the country that is actively pursued.

VI. EMPLOYMENT, TRAINING, AND BUSINESS OPPORTUNITIES

- Secure enactment of effective legislation that would attach rewards for compliance and consequences for non-compliance (by commission or omission) with any Federal, State or local law regarding Veterans’ Preference.
- Secure enactment of effective legislation that would attach rewards for compliance and consequences for non-compliance with any law (see 38 U. S. C. § 4212 & Pub. L. 107-288 2(b)(1), 2(A) & (B)) regarding a covered Veteran’s rights with Federal Contractors.

- Secure enactment of effective legislation that would attach rewards for compliance and consequences for non compliance with any law (see Pub. L. 106-50) providing assistance to Veteran owned small business seeking Federal contracts

The “Veteran Family Preservation Act of 2003” (veterans’ “one stop” legislation)

- Competitive measures as a means of quality assurance in DVOP/LVER and other employment services programs; results oriented; and “fair share” accountability.
- Re-education and training of veterans for the new 2003 work force.
- Compensated Work Therapy program expanded and coordinated with all Federal resources.
- Mandate full-time DVOP outstation at each Vet Center, VA Vocational Rehabilitation, and other sites. Measure and enforce Federal Contractor Compliance employer contacts (measured results, with rewards and sanctions) with mandate to hire, promote and retain veterans and disabled veterans.
- Authority for VA to provide services to veterans’ family members and significant others where clinically indicated; creation of Veterans Family Service Coordinators in each VAMC and VARO.
- Expand and strengthen self-employment assistance programs.
- Seek a GAO or other appropriate study regarding disparities among Compensated Work Therapy (CWT) programs operated by the VA, pursue legislation requiring minimum standards and quality assurance for each CWT site, with real accountability.

Attachment 1

National Defense Authorization Act for Fiscal Year 1998”.

Public Law 105–85—Nov. 18, 1997

SEC. 765. IMPROVED MEDICAL TRACKING SYSTEM FOR MEMBERS DEPLOYED OVERSEAS IN CONTINGENCY OR COMBAT OPERATIONS.

(a) SYSTEM REQUIRED.—(1) Chapter 55 of title 10, United States Code, is amended by inserting after section 1074e (as added by section 764) the following new section:

“§ 1074f. Medical tracking system for members deployed overseas

“(a) SYSTEM REQUIRED.—The Secretary of Defense shall establish a system to assess the medical condition of members of the armed forces (including members of the reserve components) who are deployed outside the United States or its territories or possessions as part of a contingency operation (including a humanitarian operation, peacekeeping operation, or similar operation) or combat operation.

“(b) ELEMENTS OF SYSTEM.—The system described in subsection (a) shall include the use of predeployment medical examinations and postdeployment medical examinations (including an assessment of mental health and the drawing of blood samples) to accurately record the medical condition of members before their deployment and any changes in their medical condition during the course of their deployment. The postdeployment examination shall be conducted when the member is redeployed or otherwise leaves an area in which the system is in operation (or as soon as possible thereafter).

“(c) RECORDKEEPING.—The results of all medical examinations conducted under the system, records of all health care services (including immunizations) received by members described in subsection (a) in anticipation of their deployment or during the course of their deployment, and records of events occurring in the deployment area that may affect the health of such members shall be retained and maintained in a centralized location to improve future access to the records.

“(d) QUALITY ASSURANCE.—The Secretary of Defense shall establish a quality assurance program to evaluate the success of the system in ensuring that members described in subsection (a) receive predeployment medical examinations and postdeployment medical examinations and that the recordkeeping requirements with respect to the system are met.”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1074e (as added by section 764) the following new item:

“1074f. Medical tracking system for members deployed overseas.”.

(b) REPORT.—Not later than March 1, 1998, the Secretary of Defense shall submit to Congress an analysis of the administrative implications of establishing and administering the medical tracking system required by section 1074f of title 10, United States Code, as added by subsection (a). The report shall include, for fiscal year 1999 and the 5 successive fiscal years, a separate analysis and specification of the projected costs and operational considerations for each of the following required aspects of the system:

- (1) Predeployment medical examinations.
- (2) Postdeployment medical examinations.
- (3) Recordkeeping.