

INTRODUCTION

Chairman Smith, Chairman Spector, Members of the Joint Senate-House Committee on Veterans Affairs, my fellow veterans and friends, I am Daniel Weiss, the National Commander of the Jewish War Veterans of the U.S.A. JWV is Congressionally Chartered and also provides counseling and assistance to members encountering problems dealing with the Department of Defense (DoD), the Department of Veterans Affairs (VA), and other government agencies. The organization is an active participant in The Military Coalition, a group of 30 plus military associations and veteran's organizations representing over five million active duty, reserve and retired uniformed service personnel and veterans on Capitol Hill. I especially express our thanks to the leadership of this joint session, the Honorable Christopher Smith, Chairman of the House Veterans' Affairs Committee, the Honorable Arlen Spector, Chairman of the Senate Veterans' Affairs Committee and the Ranking Minority Members, Representative Lane Evans and Senator Jay Rockefeller, for their continuing efforts on behalf of veterans and the national defense of our beloved country.

I am accompanied today by the Chairman of our Coordinating Committee, PNC Robert M. Zweiman, who is also JWV's International Liaison, the President of our Ladies Auxiliary, Florence Rosen, the President of our National Museum of American Jewish Military History, PNC Edwin Goldwasser, Chairman of our National Executive Committee, PNC Warren S. Dolny and the Director of our National Service Office Program, PNC Edward D. Blatt, and our National Executive Director, Colonel Herb Rosenbleeth. In the audience today are those JWV members who are here to meet with their Senators and Representatives as part of JWV's Capitol Hill Action Day.

Members of the committee, it was a singular honor for me to present the JWV Medal of Merit to the Honorable Shelley Berkley (NV), at our Congressional Reception yesterday evening, in recognition of her truly outstanding work for America's veterans. It was equally rewarding to JWV to have so many of you participate with us!

For over 100 years, JWV has stood for a strong national defense and for just and fair recognition and compensation for veterans. The Jewish War Veterans of the USA prides itself in being in the forefront among our nation's civic and veterans groups in supporting the well-earned rights of veterans, in promoting American democratic principles, in defending universal Jewish causes and in vigorously opposing bigotry, anti-Semitism and terrorism both here and abroad. Today, even more than ever before, we stand for these principles. The Jewish War Veterans of the U.S.A. represents a proud tradition of patriotism and service to the United States of America.

As the National Commander of the Jewish War Veterans of the USA (JWV), I thank you for the opportunity to present the views of our 100,000 members on issues under the jurisdiction of your committees. At the conclusion of JWV's 107th National Convention in Savannah, GA our convention delegates adopted our resolutions for the 108th Congress. These mandates establish the legislative agenda for JWV during my year as National Commander.

JWV believes Congress has a unique obligation to ensure that veterans' benefits are regularly reviewed and improved to keep pace with the needs of all veterans in a changing social and economic environment. JWV salutes the Chairmen and Members of these Committees for the landmark veterans' legislation enacted over the past several years. Eligibility reform, patient enrollment, entitlement to long-term care, access to emergency care, enhanced VA\DOD sharing, improved preference rights of veterans in the federal government and other initiatives recognize the debt this country owes to those who have served our country.

We must improve access to veterans' health care, increase timeliness in the benefit claims process, and enhance access to national cemeteries and to state cemeteries for all veterans.

Jewish War Veterans is an endorser of the Independent Budget and we want to emphasize the following points in that document:

- Veterans must not have to wait for benefits to which they are entitled.
- Veterans must be ensured access to high-quality medical care.
- Veterans must be guaranteed access to the full continuum of health-care services, including long-term care.
- Veterans must be assured burial in state or national cemeteries in every state.
- Specialized care must remain the focus of the Department of Veterans Affairs (VA) medical system.
- VA's mission to support the military medical system in time of war or national emergency is essential to the nation's security.
- VA's mission to conduct medical and prosthetics research in areas of veterans' special needs is critical to the integrity of the veterans health-care system and to the advancement of American medicine.
- VA's mission to support health professional education is vital to the health of all Americans.

BACK-UP TO DoD

VA Hospitals must be adequately funded, staffed and equipped to perform their vital role as this nation's only back-up for DoD medical facilities. U.S. military personnel could possibly suffer casualties exceeding the capacity of the combined military medical treatment facilities.

In such a case, the VA would be vital to the nation.

JWV strongly urges the Congress to fund the VA to handle this workload.

HOMELAND SECURITY

In addition to being the back-up for DoD, VA medical facilities are the nation's primary medical resource for Homeland Security. Should there be another catastrophic terrorist attack, especially in more than one location as occurred on 9/11, the VA would be utilized by the Department of Homeland Security.

Already, VA hospitals are preparing to handle mass casualties as well as victims of chemical, biological or radiological attack.

JWV urges the Congress to fully recognize this mission of the VA and to fund the VA accordingly.

VA BUDGET

JWV is greatly concerned that veterans programs in the current fiscal year and in fiscal year 2004 will have to compete against other priorities, such as NASA, a tax cut, homeland security or war in Iraq.

The Administration's budget for the Department of Veterans Affairs would:

- Halt enrollment of new so-called "higher income" veterans.
- Increase pharmaceutical and primary care co-payments for higher income veterans.
- Initiate an "enrollment fee" for some veterans in order to obtain VA provided health care.

- Eliminate VA nursing home care for all but the highest priority veterans.
- Increase opportunities to complete duties now performed by VA employees (?)
- Rely on addition unspecified management efficiencies such as increased employee productivity and local initiatives for \$400 million in savings.

JWV strongly prefers passage of the legislation designed by the Chairman

Chris Smith and Ranking Member Lane Evans which would provide health care resources which would increase with the projected growth in the number of veterans receiving VA medical care and medical care cost inflation.

JWV commends Chairman Chris Smith and the Honorable Lane Evans for proposing this solution to the chronic under-funding of the veterans' health care system

CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES PROGRAM (CARES)

The CARES program was developed in response to a March 1999 General Accounting Office (GAO) report that concluded VA could significantly save money by conducting an efficient utilization analysis of every building within VHA's infrastructure. VHA initiated the CARES process with the goal of enhancing current and future health care services to veterans by realigning its capital assets.

The initial pilot study conducted in VISN 12 raised many concerns. JWV questions the planning assumptions and the lack of involvement of veterans' service organizations. Because of disgruntled stake holders' outcry over the pilot study and the way it was conducted, VA has undergone a restructuring of the process. Phase II is designed so that VA has control over every step of the process. The remaining 22 VISN's will go through the Phase II program simultaneously, thus making it much harder for stakeholders to monitor the process. Phase II

consists of nine steps, culminating with a CARES commission review, all of which are scheduled for completion by August 2003. Even with the restructuring of the process JWV remains concerned that CARES may result in the reduction of VA expenditures under the pretext of cost-savings without regard to the needs of the veteran population. Once VA capital assets are disposed of, it is nearly impossible to recoup similar assets.

JWV believes that many of the current underutilized or unused spaces in VHA facilities are the result of decisions that were budget-driven rather than demand-driven. Due to limited funding, VHA facilities have had to reduce their expenditures to meet their budgets rather than the demand for services by:

- Reducing the number of inpatient beds to include acute hospital care, subacute, care rehabilitative care, psychiatric care, nursing home care, and residential care.
- Allowing the waiting period for appointments to exceed acceptable standards rather than hiring additional health care personnel.
- Contracting out of services without regard to quality of care.
- Consolidating of services in regions.
- Changing treatment philosophy, such as inpatient versus outpatient care of psychiatric patients.

While these reductions have created a lot of empty buildings JWV believes there are many ways to use those facilities:

- Public Law 106-117, the Veterans Millennium Health Care and Benefits Act, mandates VHA to provide long-term care to service-connected veterans rated 70 percent and higher and those veterans with service-connected conditions that require long-term care. VHA has yet to fulfill the requirements of this Act. VA

has no plans to build nursing home units. The underutilized space could be used for long term care.

- DoD and VA could use these facilities in an effort to integrate their health care services through additional sharing agreements and joint venture opportunities.
- Homeland Security requirements will begin at the grassroots level and many VHA capital assets may serve local, state and national needs in its role as a contingency back-up to DoD medical services and the National Disaster Medical System (NDMS) during national emergencies.

JWV believes that any CARES recommendations should be considered in the context of a fully utilized VA health care delivery system that takes into consideration of VA/DOD sharing, the Veterans Millennium Health Care and Benefit Act and Homeland Security.

VETERANS HEALTH CARE

Veterans are facing outrageously long waiting times for medical appointments. Currently, over 230,000 veterans have been waiting over six months to get an appointment. VA has also decided not to open any new medical clinics. The decision to end new enrollment of priority 8 veterans in the Department of Veterans Affairs (VA) health care system further undermines the commitment the United States has made to its veterans.

Cutting off enrollment to veterans of modest income – on average, \$24,000 a year – at a time when more veterans than ever are seeking health care from VA does not solve the Department's problems, two of which are the chronic under-funding of VA and the lack of a meaningful Medicare prescription drug benefit for all seniors.

The decision to close VA's doors to priority 8 veterans denies them the ability to acquire affordable prescription drugs and access to necessary preventive care. For example, in Florida an estimated 44,000 veterans have been waiting for six months or longer to see a VA doctor – more than two-thirds of these veterans are seeking treatment that includes prescription drugs.

VA can alleviate this demand by seeking comprehensive and creative solutions, such as allowing these veterans to fill prescriptions prescribed by non-VA physicians. VA's policy of requiring veterans to see a VA doctor prior to filling prescriptions has helped to overburden a strained health care system. In addition, this policy requires the federal government to pay twice for a doctor's visit if the veteran is covered under Medicare – an unnecessary waste of federal dollars in a system already strapped for cash.

Mr. Chairman, we ask that you seek out other solutions to help VA deal with the unprecedented demand for health care services that it is facing. Simply blocking certain veterans' access to the system will not reduce the backlog or ensure that VA has sufficient health care professionals and resources to meet enrolled veterans' needs. VA health care must be high on the list of the nation's priorities – fully funded and supported not only in the future, but right now.

We hope that the Congress can find other ways to enable VA to continue providing quality health care and affordable prescriptions drugs to the men and women who have served this nation.

VA HOSPITAL CLOSING

The Jewish War Veterans of the U.S.A. opposes the closing of any VA Hospital where such closing would adversely affect the delivery of medical services to the veteran. There is a

legitimate need for the VA to manage its resources consistent with the latest knowledge and techniques of health care. The expectations are that some hospitals will be closed simply because the VA will not permit two hospitals in any locality such as in Chicago, Detroit, Boston, and New York. The higher concentration of older veterans during the summer months in the north and during the winter in the south and the greater the need for inpatient care which is in part the result of the need for treatment of Alzheimer's disease and dementia cases, belies the approach now being preferred by the VA. Moreover, the example of military base closing reflects a tendency for political considerations to rise above economic considerations in determining which facilities will be closed.

Therefore, the Jewish war Veterans of the U.S.A. urge the veterans' community throughout the United States of America to publicize the need for inpatient care and hospital beds, and for the funding to follow the veteran so that the veterans are served adequately by VA hospitals, clinics, and other facilities.

MEDICARE SUBVENTION

Federal health care funds should go to the actual providers of health care services, and that includes VA health care. The VA health care system provides care to millions of Medicare-eligible veterans, many of whom pay a monthly premium to Medicare but receive all of their health care services through VA health care.

Over 40% of enrolled veterans are eligible for Medicare. VA Medicare Subvention may enhance some older veterans' access to VA health care and potentially reduce overlapping spending by Medicare and the VA for the same services. JWV is encouraged by the VA's recent announcement to create a Medicare + Choice Plan for certain Medicare-eligible Priority Group 8

veterans. But we offer two cautionary observations: “Medicare + Choice” plans have not been well received in the private sector; and, if VA must meet Medicare access standards for those who agree to participate in the “VA + Choice” HMO, it should also establish Medicare access standards for all enrolled veterans. JWV continues to endorse the concept of authorizing Medicare reimbursement for VA facilities.

RULES FOR SERVICE CONNECTION OF HEARING LOSS AND TINNITUS

Many combat veterans and veterans that had military duties involving high levels of noise exposure who now suffer from hearing loss or tinnitus likely related to noise exposure or acoustic trauma during service are unable to prove service connection because of inadequate testing procedures, lax examination practices, or poor recordkeeping.

Hearing loss and tinnitus are common among combat veterans. The reason is simple: combat veterans are typically exposed to prolonged and frequent loud noises from such things as gunfire and jet and other loud aircraft engines, just to name a few. Combat veterans are likely to have suffered acoustic trauma from explosions. Exposure to loud noises and acoustic trauma are both known causes of high frequency hearing loss and tinnitus. Yet, many combat veterans are unable to establish that their hearing loss or tinnitus is due to military service. World War II veterans are particularly at a disadvantage because testing by spoken voice and whispered voice were insufficient to detect hearing loss in many instances.

Congress should enact a presumption of service connection for combat veterans and veterans that had military duties typically involving high levels of noise exposure who suffer from tinnitus or hearing loss type typically related to noise exposure or acoustic trauma, to apply

when the record does not affirmatively provide such condition or conditions are unrelated to service.

COMPENSABLE DISABILITY RATING FOR HEARING LOSS NECESSITATING

HEARING AID

The VA *Schedule for Rating Disabilities* does not provide a compensable evaluation for hearing loss at certain levels severe enough to require hearing aids. The minimum rating for any hearing loss warranting use of hearing aids should be 10%. A disability severe enough to require use of prosthetic device should be compensable.

VA should amend its *Schedule for Rating Disabilities* to provide a minimum 10% disability evaluation for any hearing loss for which a hearing aid is medically indicated.

HEPATITIS C

Hepatitis C is an emerging national health care crisis. There is an increased prevalence of Hepatitis C and associated health problems within the veteran population. According to VA, the rate of veterans with Hepatitis C is at least three times higher than the rate of the general population, with Vietnam veterans, in particular, being a high-risk group. This problem is presenting a major challenge for VHA.

The administration and Congress must provide adequate resources to the Veterans Health Administration for screening, testing, and treatment of veterans at risk for and with Hepatitis C. VHA must use the funds provided for the purpose of Hepatitis C testing and treatment of veterans. VHA must implement an efficient quality management and database system, implement performance measures, hire adequate staff to test and treat veterans, and adequately

provide information about the Hepatitis C protocols so that it reaches all levels of VHA personnel.

VHA has developed protocols for Hepatitis C outreach, screening, testing and treatment. The challenge is to ensure that all segments of the system adhere to the protocols so that every veteran who uses VHA services is screened and, as appropriate, tested and treated for hepatitis C. Outreach to veterans to educate them about their risks must be expanded.

VHA must increase the number of veterans screened and tested for Hepatitis C by ensuring that directives for screening all veterans who use VHA services are followed throughout the VHA system.

ASSISTED LIVING

Assisted living is a cost-effective way to make properly trained personal care attendants, respite care, and accessible housing more widely available on a permanent or temporary basis to veterans who cannot live independently. Assisted living is a combination of housing, support services, personal care assistance and health care that responds to the individual needs of those who require help with activities of daily living but do not require 24-hour medical supervision. A key feature of assisted living is the delivery of services in a homelike setting. It aims to enhance residents' quality of life through building design and care practices that maximize independent functioning.

Assisted living would help VA bridge the gap between independent living and nursing home care. This alternative to a nursing home is less expensive because staff members do not have to be as highly skilled and fewer staff are needed. VA could launch assisted living programs on VA grounds and minimize construction costs by using minor construction funds to

modify existing buildings. Sharing resources with other programs could cover the operating costs of these programs, and VA would benefit from economies of scale.

Through the passage of Public Law 106-117, Congress authorized VA to carry out an assisted living pilot program over a three-year period. Through a contract service arrangement, VA will be able to explore this important care option for veterans and their spouses.

Assisted living could also be provided through an expanded VA domiciliary care program if modifications are made to serve this population. It would require some remodeling of the existing infrastructure and planning for the lifestyle needs of various components of the resident population.

Some VA medical centers have looked to public-private partnerships to provide assisted living for veterans through VA's enhanced-use authority. Under this program, VA leases unused land to private assisted living providers in exchange for services to veterans at a negotiated rate. Non-veterans may also be served at these facilities, thus enabling spouses to remain together. Depending on the arrangement, the contracting VA facility could receive additional revenue by providing ancillary services, such as laundry services, housekeeping, and even medical services to the assisted living facility.

VA should aggressively pursue development of assisted living capacity within VA domiciliaries and through enhanced-use-lease private sector partnerships.

VA should use its enhanced-use leasing authority to create assisted living capacity to care for veterans and their spouses.

Congress must pass permanent legislation and provide funding to allow VA to provide assisted living.

MEDICAL AND PROSTHETIC RESEARCH

VA's Medical and prosthetic Research Program (R&D) is the premier research initiative leading the nation's efforts to promote the health and care of veterans. The mission of R&D is to "discover knowledge and create innovations that advance the health and care of veterans and the nation".

R&D has been instrumental in advancing treatments for conditions such as prostate cancer, diabetes, heart diseases, mental illnesses, spinal cord injury (SCI) and aging related diseases, conditions directly related to veterans.

Two of the biggest challenges facing R&D are facility infrastructure and recruitment and retention. Like the rest of VHA's buildings, research facilities are in desperate need of repair. They have been neglected over the years due to budgetary constraints. Currently, R&D has nearly 30 facilities in varying states of disrepair. The condition of these facilities directly impacts the recruitment and retention of qualified researchers. The ability to maintain a state-of-the-art facilities is vital to retaining talented and motivated researchers.

In the wake of September 11th terrorist attacks and their aftermath, there has been a renewed focus on bio-terrorism research and VHA's fourth mission, which is to support DoD during a national emergency. H.R. 3253, the National Medical Emergency Preparedness Act of 2001, proposes the establishment of four emergency medical preparedness center. One of the missions of the centers is to conduct research on and develop methods of detection, diagnosis, vaccination, protection, and treatment for chemical, biological and radiological threats to public health and safety. R&D's expertise in this area is critical.

The accomplishments of the VA research program cannot be overstated. The program has been recognized both nationally and internationally for its efforts toward the betterment of veterans' lives and advancement of their health care. Without proper funding the program cannot possibly maintain its current level of success.

GULF WAR VETERANS' ILLNESSES

A panel advising Veterans Affairs Secretary Anthony H. Principi on Persian Gulf War illness has urged the investigation of neurological problems of veterans, more spending for studies, and a better plan for carrying them out.

Research in Gulf War illnesses has yielded few answers for ailments more than a decade after the war.

The connection of Agent Orange to many diseases took too many decades to establish, adding needlessly to the suffering of thousands of Vietnam Veterans.

The Jewish War Veterans of the U.S.A. demands that appropriate priority be placed on the implementations of the recommendation of the panel. Any further delay in providing relief to the problems of Gulf War veterans will not be tolerated.

COPAYMENTS

Through extraordinary sacrifices and contributions, veterans have earned the right to certain benefits. As the beneficiaries of veterans' service and sacrifice, the citizens of a grateful nation want our government to fully honor our moral obligation to care for veterans and generously provide them benefits and health care entirely free of charge. Asking veterans to pay for part of the benefits is fundamentally contrary to the spirit and principles underlying the

provision of benefits to veterans. Co-payments are a feature of health-care systems in which some costs are shared by the insurer in a commercial relationship between the patient and the for-profit company or of health care through other government programs in which the beneficiary has not earned the right to have the costs of health care fully borne by the taxpayers.

Unfortunately, Congress has made co-payments a regular feature of some veterans health-care services and forgotten its traditional philosophy of providing free benefits to veterans as repayment for protecting our freedoms. In times when Congress has used record budget surpluses to give more than \$1.5 trillion in tax breaks and appropriated money for all sorts of pork-barrel spending, JWV does not see how Congress is justified with continuing the burden of co-payments for veterans medical services and prescriptions.

Congress should not increase or extend co-payments by veterans' for medications or health-care services.

VETERANS BENEFITS

By late 2002, backlogged VA claims had dropped from 600k to 463k, including 97k claims on appeal. VA's goal is a steady state of 250k claims pending. However, despite commendable improvements in the "numbers", the reality is that the system has significant challenges in ensuring consistent, fair and high-quality claims' ratings across the system. The key to long-term progress is the hiring, professional training, and support of a high-quality workforce of claims workers supported by investment in information management and technology. JWV strongly recommends adequately funding the Veterans' Benefits Administration to meet its manpower, training, and IM/IT requirements and to sustain recent improvements in reducing the claims backlog.

JWV is also very concerned with the fact that the budget projects an increase in the backlog of claims at the Board of Veterans Appeals. This will impact on the Board's highest priority which is hearing and deciding appeals. JWV is concerned that the backlog will increase, thus slowing decisions.

NATIONAL CEMETERY ADMINISTRATION

The National Cemetery Administration (NCA) honors veterans with a final resting place and lasting memorials that commemorate their service to the nation. Today, more than 130 years after the first national cemeteries were established NCA is responsible for 120 national cemeteries in 39 states (and Puerto Rico) as well as 33 soldiers' lots and monument sites. More than two million Americans, including veterans of every war and conflict – from the Revolutionary War to the Gulf War – are honored by burial in VA's national cemeteries. Nearly 14,000 acres of land are devoted to this formidable mission.

The recent opening of four new cemeteries, the anticipated provision for new sites in Atlanta, Oklahoma City, Pittsburgh, Detroit, Miami, and Sacramento, and a dramatic projected increase in the interment rate combine to create serious resource problems for the services provided by the NCA. The workload per full time employee equivalent continues to grow due to increasing demands of interments, gravesite maintenance, repairs, upkeep, and related labor-intensive requirements of cemetery operations.

Although NCA has benefited from marginal increases to its appropriations over the last two years, prior years of successive restrained budgets have made it impossible to address long-term field management and operational needs of the system. Shortfalls have forced the system to address only the highest priority projects while backlogging important preventive maintenance

and infrastructure repairs. There is a clear need to establish a national commitment to identify and address the standards of appearance at national cemeteries.

The National Cemetery Administration is faced with a number of serious challenges. One of the most serious of these, described above, is the provision of adequate funding to meet increasing demands of interments, graveside maintenance, repairs, upkeep, and related labor-intensive requirements of cemetery operations. Another major challenge facing NCA is to ensure that all national cemeteries are maintained in a manner appropriate to their status as national shrines and memorials of reverence. In addition, the State Cemeteries Grant Program faces the challenge of meeting a growing interest from states to provide burial services in areas that are not currently served. Moreover, Congress faces the challenge of stemming the serious erosion in the value of burial allowance benefits.

Maintaining cemeteries as National shrines is one of NCA's top priorities. This commitment involves raising, realigning and cleaning headstones and markers to renovate gravesites. The work that has been done so far has been outstanding, however, adequate funding is key to maintaining this very important commitment.

JWV calls on Congress to adjust burial benefits for inflation annually to avoid the erosion of this important benefit. In the first session of the 107th Congress, senator Barbara Mikulski (D-MD) and Senator Kay Bailey Hutchinson (R-TX) introduced legislation, S. 912, which would accomplish all of these recommended enhancements.

In addition, JWV recommends that

- Congress should increase the plot allowance from \$300 to \$670 and expand the eligibility for the plot allowance for all veterans who would be eligible for burial in a national cemetery and not just those who served during wartime.

- Congress should increase the service-connected benefit from \$2,000 to \$3,700.
- Congress should increase the non-service-Connected benefit from \$300 to \$1,135.
- Congress should provide a headstone to mark the grave of all honorably discharged veterans upon the request of the family.
- Congress should enact legislation to adjust these burial benefits for inflation annually.

HEADSTONES AND MARKERS

VA provides headstones and markers for eligible veterans' unmarked graves. Prior to OBRA '90, 38 U.S.C. 2306 provided for reimbursement of the cost of a non-government headstone or marker, in lieu of furnishing a government headstone or marker. The IBVSOs believe that veterans' families should still be able to elect to purchase headstones or markers privately, in lieu of using ones supplied by VA, and be reimbursed at a rate not to exceed the cost of a government-supplied headstone or marker.

JWV strongly recommends that Congress should amend 38 U.S.C. 2306 to reinstate former subsection (d) which provided for reimbursement of the cost of acquiring a headstone or marker privately, in lieu of furnishing a government headstone or marker.

THE MILITARY COALITION

JWV continues to be a proud member and active participant of the Military Coalition (TMC). PNC Bob Zweiman, JWV's Chairman of the Coordinating Committee, serves on the Board of Directors of the Coalition and Colonel Herb Rosenbleeth is the Co-Chair of the Membership and Nominations Committee.

Members of The Military Coalition meet each month and sometimes more frequently, to develop a legislative strategy for issues that affect the uniformed services community they represent. Representatives from the member organizations attend these meetings and serve on one of eight committees (each usually has two chairpersons). Every committee covers a different area of interest: Guard and Reserve; Health Care; Morale, Welfare, Recreation, and Military Construction; Personnel, Compensation, and Commissaries; Retirement; Survivors' Programs; Taxes and Social Security; and Veterans.

Most issues considered by TMC are introduced by one of these committees. Others start in a full meeting and are referred to the appropriate committee, which examines the merits of each issue and makes a recommendation. The issue then comes before the entire Coalition, which decides if the initiative should be placed on TMC's legislative agenda.

Although many issues are considered by TMC, the Coalition focuses on those that have the broadest base of support, the greatest impact on the uniformed services community, or a significant impact on the services' recruiting and retention programs and readiness. TMC's decision to pursue an initiative is governed by TMC's "rule of five". If five or more organizations object to a proposal, the Coalition no longer considers the issue. However, organizations within TMC still may pursue the issue – or even oppose it – on their own.

JWV requests that the House and Senate Committees on Veterans' Affairs do everything possible to fulfill the legislative priorities of the Military Coalition. These positions are well thought out and are clearly in the best interests of our military personnel, our veterans and our nation's security.

HOMELESS VETERANS

JWV is a member of the National Coalition for Homeless Veterans. We recognize and commend the dedicated work of Executive Director Linda Boone and we will continue to participate with this important, most worthwhile group.

JWV commends the Honorable Lane Evans for his outstanding leadership on the issue of homelessness. His tremendous efforts have provided shelter for many veterans who would otherwise be without shelter.

We would also like the joint committees to know of JWV's own achievements in helping homeless veterans. At the forefront of our program is the JWV Homeless Shelter in Monroeville, PA, near Pittsburgh.

VA AND WOMEN VETERANS

Throughout history, women have served their country with pride, patriotism, and honor equal to their male counterparts. Today, women are an integral and essential part of our Armed Forces. According to VA, there are currently 1.2 million women veterans, representing 4.8% of the total veteran population. In contrast to the overall declining veteran population, the female veterans population of the United States is projected to increase by 6% between 2000 and 2020, from 1.2 million to 1.3 million.

As the number of women serving in the military continues to increase, more women veterans will seek health-care services. We recognize VA has made a concerted effort to address the unique physical, mental, and social needs of these veterans; however, some women still experience obstacles when trying to obtain VA benefits and health-care services they need. VA

can honor the contributions and sacrifices made by women veterans in service to this nation through advocacy, outreach, and direct service to women veterans.

VA clinicians are generally less familiar with women's health issues, less skilled in routine gender specific care, and often hesitant to perform exams essential to assessing a woman's complete health status. With the advent of primary care in VA, many women's clinics are being dismantled and women veterans are assigned to the remaining primary care teams on a rotating basis. This practice further reduced the ratio of women to men in any one practitioner's caseload, making it even more unlikely that the clinician will gain the clinical exposure necessary to develop and maintain expertise in women's health.

The VA has designated friendly areas specifically for female patients in the larger VA Centers. However, there are not complete female services even in larger clinics. Frequently, they do not even have a gynecologist on staff.

Generally, women veterans travel as much as two hours for specialties even if there is a gynecologist in the Center.

Women from the smaller clinics have to travel as much as two hours for a regular check-up as well as special examinations.

The number of Women Veterans will grow as more and more women enter our military establishment. Women make up 12% of the Armed Forces today.

The Jewish War Veterans of the U.S.A. demands that equal care be given to our female Veterans and to their medical needs including a women's clinic at each VA Hospital with mammography capability.

JWV recommends the following concerning women veterans:

- VA policies, practices, and programs must be responsive to the needs of women veterans.
- VA needs to increase the priority given to women veterans programs to ensure that quality health care is provided and that services are maintained.
- VA must address the barriers to care women veterans face and issues that negatively impact on women veteran's decisions to seek health care from VA.
- VA must work aggressively toward further effective and positive change through advocacy, outreach, and direct service to women veterans.
- VA must not fail to meet these identified needs of women veterans who have experienced sexual trauma during military service.
- VA must ensure women veterans' right to privacy at every VA health-care facility.

POW-MIAS

Current information indicates there are still many (almost 2000) U.S. military personnel unaccounted for, or classified as missing, in Southeast Asia. Besides the Vietnam War, there are also MIAs on record from World War II and the Korean War.

The Jewish War Veterans of the U.S.A. supports all efforts to obtain a full accounting of those missing in action, or as prisoners of war, regardless of how much time passed.

SUPPORT OF A CONGRESSIONAL CHARTER FOR KOREAN WAR VETERANS
ASSOCIATION

The nation is currently commemorating the fiftieth anniversary of the Korean War. The membership of the Korean War Veterans Association is made up of those veterans who served during this “forgotten war” and others who have served in Korea since. The Korean War Veterans have been struggling to obtain a federal congressional charter, but without much success.

The Jewish War Veterans of the U.S.A. supports a recommendation to be made to the Congress of the United States to approve a federal charter for the Korean War Veterans Association.

INTERNATIONAL CRIMINAL COURT

The Jewish War Veterans of U.S.A. opposes subjecting the United States and American troops to the jurisdiction of the International Criminal Court or any other similar court of claim. Our country and our military must not be ordered into any area until and unless they receive permanent immunity from such forums.

ATOMIC VETERANS

JWV continues to be concerned that issues relating to atomic veterans and their claims for service-connected disability and death benefits are still not resolved. VA has previously announced it intended to recognize additional radiation-related diseases in an effort to ensure comparability between VA disability compensation and the Department of Justice’s Radiation Compensation Act programs. It stands to reason that atomic veterans should be presumed to

have been exposed to the same health hazards and risks from radiation and other hazardous materials as their civilian co-workers.

JWV strongly urges Congress to insure justice for this nation's atomic veterans.

CONCURRENT RECEIPT

JWV was disappointed that agreement could not be reached last year to provide unconditional concurrent receipt to disabled military retired veterans, but appreciates the "first ever" provisions that were provided to eliminate the disability offset for certain retirees with combat-or operations-related disabilities. Congress' action to establish a "beachhead" in law is very significant in recognizing that military retired pay and veterans disability compensation are paid for different purposes, and one should not offset the other.

JWV has long held that retired pay is earned compensation for completing a career of arduous uniformed service, while veterans disability compensation is paid for loss of function and future earning potential caused by a service-connected disability.

JWV is particularly concerned that, during last-minute final negotiations on the FY 2003 Defense Authorization Act, changes in eligibility language inadvertently omitted three classes of disabled retirees who otherwise fall within the criteria enacted into law.

First, technical language effectively excluded virtually all National Guard and Reserve retirees with 20 years of creditable service and combat-related disabilities. There are many retired reservists who were awarded Purple Hearts and have combat-related disabilities. Their Guard and Reserve status did not protect them from being wounded on the battlefield, and they should not be discriminated against by this legislation.

Second, there are a very limited number of retirees who received non-disability retirements with 15 to 19 years of service during the drawdown of the early 1990s and who also have otherwise-qualifying combat-related disabilities. These members earned their military retirement independently of their disability and should be eligible to receive the special compensation if their disabilities would otherwise qualify.

Finally, enlisted retirees who were awarded one of the top two decorations for valor are authorized an extra 10 percent in retired pay (within the maximum limit of 75 percent of basic pay.) JWV believes strongly that the modes extra retired pay awarded these members for their combat heroism should not be subject to the disability offset.

Jewish War Veterans of the U.S.A. strongly supports the passage of JR 303 and S170, which allows military retirees to receive both their full pension and payment for service connected disability. Currently, disability pay is deducted from military retirement pay on a dollar-for-dollar basis.

JWV commends the Honorable Michael Bilirakis for his long-time tremendous efforts on this issue.

NATIONAL GUARD AND RESERVES

Tens of thousands of Guard and Reserve service members have been mobilized over the past year and a half to support the war on terror at home and abroad. When these citizen-soldiers are demobilized they become eligible for veterans benefits. However, reserve Montgomery GI Bill (MGIB) benefits – authorized under Chapter 1606 of 10 U.S.C. – have not kept pace proportionately with Chapter 30 (Title 38) benefits. Only two benefit increases have been legislated in the reserve program since its inception in 1985 (other than cost-of-living increases).

In 1985, reserve MGIB rates were set at 47% of active duty MGIB rates. On October 1 of this year, the reserve MGIB benefit will fall to about 27% of the Chapter 30 rate, \$276 compared to \$985 per month for full-time study. To synchronize this program with the Chapter 30 program, JWV supports transferring the Chapter 1606, Title 10 reserve MGIB program to Title 38 so that future increases in basic benefits can be reflected proportionately in the reserve program.

JWV recommends Congress support rate increases and funds for the reserve MGIB program so that National guard and Reserve service members can see an educational return on their voluntary service to country.

FILIPINO VETERANS

The Jewish War Veterans fully support H.R. 677, legislation to bring equity to the Filipino Veterans of World War II. It has now been over fifty years ago that this war in the Pacific ended. The men and women of the American Armed Forces returned home with the full knowledge that their government, in return for their military service, would comfort and succor them until their final moments of life. In large part, those promised benefits have been carried out. This small reward is but a pittance of what is owed to our nation's veterans, but it is what was promised and it is both good and right.

But it is with sadness and distress that we of the Jewish War Veterans have watched the treatment of some of our fellow veterans of that war. Men and women who lived in the Philippines, a territory of the United States at that time, and fought for our nation's flag were promised the same care and benefits afforded to America's veterans. These are men and women who fought alongside American forces at some of the titanic battles of World War II – Bataan and Corregidor. Their country was occupied, and Filipino soldiers worked to delay and harass

the occupying forces while America prepared to defeat Japan. Their courage and bravery, in the face of overwhelming odds, cannot be questioned. This courage and bravery must be recognized and honored.

In 1996, the National Convention of Jewish War Veterans of the U.S.A. convened here in Washington, DC and passed a resolution supporting the Filipino Veterans Equity Act of 1995. This resolution is still in effect today and translates to support of H.R. 677. We actively urge Congress for immediate passage of this bill and for funding in the federal budget to implement this legislation. We also support H.R. 664, a bill that would provide the health care portion of the full benefits due Filipino veterans of World War II.

We must begin to heal the scar of neglect and indifference that caused these benefits to be rescinded so many years ago. We must clean the stain of discrimination and prejudice that fell upon these brave men and women, now in the twilight of their lives, whose last years should be spent in relative comfort for a lifetime of patience.

Jewish War Veterans of the U.S.A. demands the President and Congress to recognize the valuable service of WWII Filipino veterans and scouts by extending to them full and equal military and VA benefits.

CLOSING

Marines dig in. Jets attack. Headline photos and 24-hour television news show us our armed forces in action. Ground crews arm aircraft and soldiers in desert camouflage look out from desolate terrain. In three or four years, many of these young men and women will be veterans.

Some of them will join the veterans of the Gulf War, Vietnam, Korea, and World Wars I and II applying for benefits. Some of them will need health-care services, rehabilitation, and prosthetics. Some of them may need burial benefits and memorial services. Unfortunately, the Department of Veterans Affairs cannot meet current needs and, without stronger support in the administration and Congress, will not be prepared to meet the needs of the veterans of the war against terrorism.

VA is losing the battle between those who acknowledge the nation's debt to veterans and those who question the need for VA. Opponents try to characterize VA as second-rate and inefficient, but we at JWV know better. VA benefits are essential to disabled veterans. The quality of VA health care is second to none and provides services for a fraction of Medicare and private-sector costs. Much of the nation's medical care workforce was trained in VA hospitals and some of the most powerful advances in medical science have come from VA research laboratories.

Mr. Chairman and members of the House and Senate Veterans Affairs Committees, JWV members ask for your full support for adequate and meaningful programs and benefits for veterans, especially for the VA health care system.

Thank you for the opportunity to appear before you this morning and present JWV's year 2003 legislative priorities. I am prepared to answer any questions or clarify any remarks I have presented.

