

Statement
Of
VIETNAM VETERANS OF AMERICA

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Before the

House and Senate Veterans' Affairs Committees

Regarding

2004 Legislative Priorities

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Good morning, Chairman Smith, Chairman Specter, Ranking Member Evans, Senator Graham, and distinguished Senators and Members of the Committees on Veterans Affairs. I believe you know that our National President, Thomas H. Corey, who otherwise would be here to represent us, is not able to appear today because of illness. As Vice President, I have the honor of heading the delegation representing Vietnam Veterans of America (VVA), to share our thoughts and views on what we consider to be funding priorities and issues of significance for veterans.

Ordinarily we would not have so many people representing VVA here at the table, but in the unavoidable absence of our National President, we have taken this unusual one time step of having all of our other officers present to represent VVA in his absence. With me this morning are: Alan Cook, VVA's National Treasurer; Jim Grissom, our National Secretary; Avery Taylor, Chair of our Government Affairs committee; Bruce Whitaker, Chair of our Veterans Affairs Committee and member of VVA's Board of Directors; Nancy Switzer, President of Associates of Vietnam Veterans of America; and Rick Weidman, our Director of Government Relations.

Mr. Chairmen, we would be grateful if you would enter our prepared statement into the record. I will summarize some of our most significant concerns.

MANDATORY FUNDING

Each year, it seems, we come before you and say basically the same thing: Veterans health care is under-funded – dangerously under-funded. The system is hemorrhaging. And for the next six months, proposals, amendments, and backdoor bargaining will play out and, just maybe, a few more dollars will be found to keep a sputtering system semi-solvent.

For this reason, the number one legislative priority for Vietnam Veterans of America is a system of mandatory funding of veterans health care, one that will provide the VA with a predictable funding stream for its medical operations is now on the table for consideration by you and your colleagues. Such a system of mandatory – or “obligatory” or “guaranteed” or “assured” funding, call it what you will – would be based on the per capita use of the VA health-care system. It would be for each users on a per capita bases indexed for medical inflation for those who use the system. The current method of funding, which pits veterans against other groups and projects, like the President's “Mission to Mars,” for a smaller and smaller piece of the discretionary budget pie, is not working. We know this. You know this.

What is different this year is that VVA and eight other veterans service organizations have come together to form *The Partnership for Veterans Health Care Budget Reform*. The Partnership speaks with a single voice and has a single goal: to make the case for the viability and necessity of transforming the current method of funding the VA's medical operations to one that will consistently provide adequate funding, and to achieve a necessary departure from the way funding has been parceled out for far too long. The system warrants it. Our veterans now demand it.

There is, of course, resistance to this concept. If anyone can offer a workable alternative to mandatory funding – and the current discretionary method of funding – that restores the funding base and fixes the system of fully and properly funding the veterans health care system for use by all veterans who are statutorily eligible to use that system, VVA is certainly open to suggestions. We have no doubt that all Senators and Members would also entertain any and all reasonable suggestions.

Please consider this: As VVA has pointed out, had appropriations for veterans health care been maintained at the 1996 “level of effort” required by law, and indexed for medical inflation, the Veterans Health Administration would not be in the dire straits it finds itself in today, and for the foreseeable future. Had funding for the VA’s medical operations merely kept up since 1996, on a per capita basis, with the rate of increases for Medicare, the VHA would now be funded by \$10 billion more for the current fiscal year than was in fact appropriated, or at about \$35.9 billion just for medical operations. Using this “should spend” model, as described in VVA’s July 2003 White Paper, “The Position of Vietnam Veterans of America on Health Care Funding for All Veterans (www.vva.org/legiss/white_paper.pdf),” each veteran who uses VHA medical services is funded at less than 60 cents on the dollar as compared to a person using Medicare.

We can no longer allow those who served and sacrificed for our country to wait for months to be seen by a primary care physician or specialist at their VA medical center. Let’s honor their service by properly funding the VA’s medical operations into the future.

VA SECRETARY STANDS TALL, ACKNOWLEDGES BUDGET SHORTFALL

VVA notes that on February 4, 2004, testifying before the House Veterans’ Affairs Committee in a packed hearing room in the Cannon House Office Building, VA Secretary Anthony Principi was explaining the Administration’s budget request for the Veterans Health Administration (VHA i.e., VA hospitals) for fiscal year 2005. In defending the very modest budget increase of some 1.8% for his department’s medical operations, he noted how the VA had reduced the backlog of veterans having to wait more than six months for primary care and specialty clinics. With evident pride, he heralded the VA’s decision to begin filling non-VA prescriptions for some veterans not scheduled for care within 30 days, and for issuing a directive requiring priority scheduling of care for severely disabled service-connected veterans.

In reply to the very first question put to him, Secretary Principi was forthright in acknowledging that the Office of Management and Budget (OMB) had cut his original request to fund his department’s medical operations by \$1.2 billion. He didn’t dodge the question; he didn’t obfuscate his answer. He told the truth.

The Secretary’s admirable candor only adds ammunition into the arsenal of arguments put forth by The Partnership for Veterans Health Care Funding Reform: Leaving the funding of veterans health care to the discretion not simply of Congress but to the machinations and manipulations of the bean-counters at OMB will more than likely shortchange veterans as it has over the past decade.

FY 2005 VA BUDGET - In regard to the more immediate concern of the pending FY 2005 budget for the Department of Veterans Affairs, VVA and all others of the nine partners of "The Partnership" have agreed to support the "Views and Estimates" sent by the House Veterans Affairs Committee to the House Budget Committee, which recommended that \$2.5 billion be added to the VA budget overall, and that of that amount \$2.3 go directly to the VA medical care account to improve direct medical services to veterans.

Regrettably, the House Budget Committee did not accept the bipartisan recommendation from the Committee on Veterans Affairs. While we are grateful to Congressman Nussle and his colleagues for seemingly providing an increase of \$1.2 billion more than the President asked for the VA for health care (matching the figure that Secretary Principi said was the minimum needed for operation of the VA medical system, even in the current truncated state of the VA health care system), it is clear to VVA that the bipartisan recommendation of an increase of \$2.5 billion is much closer to what is really the minimum needed. The \$1.2 billion added only makes up for the "paper fluff" of additional fees that the President proposed again this year, and which the Congress has no intention of passing.

Furthermore, the budget that is being offered by the Budget Committee to the full House proposes levels of funding for medical care at the VA that not only do not keep pace with medical inflation, but which are outright dramatic cuts to medical operations in FY 2006, FY 2007, FY 2008, and FY 2009, with hints that the actual cuts to funding for medical care could be even deeper and more draconian than now proposed. VVA shall vigorously oppose this budget resolution and any other that is such an outright insult to veterans, and such a disservice to current veterans and those serving in Iraq today.

Representative Chet Edwards of Texas offered an amendment to increase the amount budgeted for VA health care by an increase to the full \$2.3 billion recommended by an overwhelming bipartisan majority of the House Veterans Affairs Committee. Unfortunately, that motion lost by a 21 to 16 vote, along party lines. VVA firmly believes that this issue is vital to the wellbeing of veterans, their families, and their survivors and are not, and should not be, a partisan issue.

While we pursue a more permanent fix for the chronic and ever more devastating funding shortfall in VA medical care, it is imperative that we secure the funds needed this year to slow the decline of the medical care system by obtaining the full \$2.5 billion increase over the President's request as the very minimum needed. Further, as noted above, VVA will vigorously oppose approval of any budget resolution that not only is inadequate for the VA's medical funding needs for FY 05, but which sets the stage for a total disaster in veterans health care during the four years to follow. Each VVA member and leader will do our part to seek this increase, and to make a strong case against any budget resolution that contains draconian cuts for FY 2006 through FY 2009. We ask that each of you, on both sides of the aisle, in both the House of Representatives and the Senate, join us in this noble and vital effort.

VVA at this time strongly supports the bipartisan “mark” of the House Committee on Veterans Affairs for all the reasons outlined above. However, it is useful to note how VVA came to our earlier recommendation to the Committee. In April 2003, the Undersecretary for Health of the VA publicly acknowledged at the monthly meeting with the veterans service organizations that it would take about \$28.5 billion in “hard appropriated taxpayer dollars,” plus a projected \$1.6 billion in co-payments and third-party collections (e.g., from insurance companies), to provide the minimum needed (\$30.1 billion) for the Secretary of Veterans Affairs to even consider re-opening the VHA system to all veterans statutorily eligible (i.e., veterans currently classified as “Priority 8”). For our initial recommendation as to what is truly needed just for medical operations of the VHA, VVA took this \$28.5 billion and applied to it the very conservative medical inflation rate of 6% used by the Center for Medicare & Medicaid Services (CMMS) of the U.S. Social Security Administration. This tabulated to an increase of \$1.81 billion -- or a total of \$30.31 billion needed for VHA medical operations for FY 2005.

VVA also strongly recommended to the House Committee on Veterans Affairs that an additional \$1 billion be provided for the restoration of VHA’s organizational capacity in acute care, and in the specialized services that are at the heart of a system founded “to care for he who hath borne the battle, and his widow and orphan.” VHA must especially begin to rebuild vitally needed staff and programs in mental health, particularly inpatient and outpatient post-traumatic stress disorder treatment programs, and in substance abuse services, especially alcohol treatment programs which have been devastated in much of the country even in comparison to the inadequate 1996 levels. (Please note: 1996 is the “base year” for comparison because that is the year the law that changed eligibility for VA health care was enacted.)

CARES - CARES, or the Capital Asset Realignment for Enhanced Services Commission, has delivered its recommendations to Secretary Principi. While we endorse the concept behind the commission’s efforts, and while we appreciate the integrity and hard work done by the commission under the dedicated leadership of its chairman, Everett Alvarez, we have grave concerns that several of the recommendations are unworkable and detrimental to veterans.

From the very beginning of the CARES process, VVA has been troubled by the formula used by the VA and the data applied to that formula. Instead of conducting a proper assessment of the health care needs of veterans in a given VAMC catchment area, the VA chose to use existing usage data after the devastating cuts that limited usage by eliminating staff, particularly in the area of mental health. Since CARES is ostensibly a “data-driven system,” the results are not going to be accurate if the process starts with flawed data.

Furthermore, the formula that the VA is applying to the needs assessment is designed for basically healthy middle-class people. They comprise a far different profile than the veterans who use the VA health care system. There is nothing in the formula that accounts for the wounds of war, or the stresses on the body from military service, stresses that are far beyond what one generally encounters in civilian life. This formula, therefore,

is not a “veterans health care formula” that provides anything near an accurate assessment of the future needs of veterans, particularly combat theater veterans. What this means is that bad data are being fed into an inappropriate formula. As the information technology people say: “Garbage In, Garbage Out.” Despite the efforts of the distinguished members of the CARES Commission, who did the best they could with a poorly conceived and poorly constructed process, you can make a silk purse out of a sow’s ear . . . but only if you start with a silk sow.

VVA thinks that it is no accident that a poor formula that does not take in to account the wounds of war or mental health ended up recommending closing six hospitals that are primarily psychiatric in nature. The total disregard and exclusion from the process of any attention to long term care needs of veterans is another indicator of just how flawed a process CARES was in both the pilot and in this so-called second round.

Whatever decisions are made, one of VVA’s central concerns is that, at a bare minimum, all changes be transitioned in a methodical and non-precipitous manner that ensures continuity of care for the affected veterans, particularly, the very ill psychiatric patients at Waco, Highland Drive in Pittsburgh, and at Canandaigua.

VETERANS COMPREHENSIVE HEPATITIS C HEALTH CARE ACT - The prevalence of hepatitis C is higher among veterans than in the general population, particularly among Vietnam War veterans. Of 325,000 veterans tested for HCV from 1998 through 2000 as part of a national screening program, 20%, or 65,000, were found to be HCV positive. To ensure that all veterans be tested for the hepatitis C virus and, if found positive, be given medically appropriate treatment by VA or private practitioners; VVA supports H.R.73, the Veterans Comprehensive Hepatitis C Health Care Act introduced by Congressman Rodney Frelinghuysen-(NJ) and companion bill, S. 1847, introduced by Senator Jon Corzine-(NJ).

VVA would also like to express our admiration for the protocols now in place for the testing and treatment of veterans for the insidious hepatitis C virus. Under the leadership of Dr. Lawrence Deyton, the VA has made admirable progress in addressing this issue, certainly far better than the rest of the medical community. What still needs to be addressed is how to ensue that each VHA medical center has appropriate staff and the willingness to carry out the national protocols for hepatitis C, which are very good. However, the VHA has no plan in place assist those who cannot withstand the very harsh pharmacological treatments currently available. Since only about 7% maximum of those 180,000 plus who have tested positive for the hepatitis C virus in the VHA medical system can enter the pharmacological treatment, or proved successful subjects if they did enter treatment, this is a vital human and future fiscal question that must be addressed now.

Additionally, the VHA has done virtually no outreach to veterans who served during the Vietnam Era who are not now in the VA system, which is 80% of all veterans or about 20

million veterans (9 million Vietnam-era). Nor has the VHA done any significant outreach to the civilian medical system and practitioners to let them know that Vietnam Era veterans are at special risk for hepatitis C, and therefore should be tested even when those veterans do not meet any of the other risk factors.

AGENT ORANGE – RANCH HAND STUDY - VVA supports the language in Section 602 of Public Law 108-183, the Veterans Benefits Act of 2003, that directs the Secretary to engage the National Academy of Science or other appropriate body to study the disposition of tissue specimens collected as part of the Ranch Hand Study, an epidemiological study of Air Force personnel responsible for conducting aerial herbicide spray missions during the Vietnam War.

We also support Section 603, which directs the Secretaries of Defense and Veterans Affairs to provide funding through FY 2013 to follow the health issues of Vietnam veterans involved in Agent Orange spraying activities.

WOMEN VETERANS - Women have served our nation in every war since the American Revolution. In our war, most of the 7,500 women who served in-country were nurses who saw the detritus of war, the shattered bodies of young boys hardly grown to men, who experienced the horrors of war as profoundly as any grunt. They will always have our undying respect and gratitude. Today, women comprise some 17 percent of our Armed Forces. And we must ensure that their special needs, particularly the emotional scars borne of sexual trauma, are met with understanding and compassion.

Public Law 102-585, which was passed in 1992, authorized the VA to include outreach and counseling services for women veterans who experienced incidents of sexual trauma while on active duty. Public Law 103-452 amended that law to provide counseling for male veterans as well. However, the law fails to give the VA authority to provide sexual trauma counseling on a permanent basis: it is due to sunset at the end of this calendar year. To remedy this, VVA strongly supports H.R. 3849, the Military Sexual Trauma Counseling Act of 2004, introduced by Congressman Ciro D. Rodriguez, the Ranking Democratic Member of the House Veterans' Affairs Subcommittee on Health. This legislation would permanently extend the VA's authority to offer services to women and men who experienced sexual harassment, abuse or assault while serving on active-duty in the armed services. VVA requests that Congress enact this legislation making sexual trauma counseling a permanent facet of VA health care for men and women.

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.

VET CENTERS - The Vet Centers are now seeing an infusion of new clients, new veterans from the current battles being fought around the globe. Many of these returnees and their families do not even know about the fine services available through the Vet Centers, so a great deal more outreach is needed. VVA applauds the move by the Secretary of Veterans Affairs to secure an additional 50 temporary staff to do outreach to the newest generation of veterans, but we do not believe that this is not enough. VVA asks you to seek and secure additional funds earmarked specifically for the Vet Centers in the amount of \$18 million for 250 additional permanent staff, with the mandate that each of the 206 Vet Centers have one certified specialist in family counseling and bereavement counseling.

This program does more to get veterans suffering emotional difficulties as a result of their service back on their feet and keep them out of the headlines – and out of jail – by providing them with caring, non-judgmental havens where they can freely discuss their problems.

America's veterans need a permanently strengthened Vet Center system that can serve, and help preserve, the veterans' family. VVA also urges that authority for the Vet Centers to serve Vietnam-era veterans are made permanent, and that the definition dates for Vietnam-era veterans be extended, from April 1, 1954, through December 31, 1975.

MENTAL HEALTH AND POST TRAUMATIC STRESS DISORDER - Even beyond the discriminatory nature of the CARES process against mental health in general (as well as against specialized services, the wounds of war in general, and long-term care), much needs to be done to ensure that the neuro-psychiatric wounds of war are much more properly dealt with by the VA medical system. As an overall need, the VHA must begin to restore the staff cut in the willy nilly "race to the bottom" on mental health care that took place from 1993 to 2003. So much of the organizational capacity for mental health, particularly treatment services and the staff to deliver those services to veterans with post traumatic stress disorder and those veterans with substance abuse problems, have simply disappeared.

While VVA is grateful to Secretary Principi for his personal word that there will be no further cuts in mental health inpatient bed capacity or overall mental health staff on his watch (and we certainly take him at his word), that is unfortunately not good enough after the savage cuts of the last decade plus. The organizational capacity for mental health must be re-built if we are to properly assist veterans currently needing services for PTSD and other psychological wounds of war. No matter the deliberately ignorant and disrespectful ideologues like Sally Satel and Ann Coulter, the men and women returning from Iraq, Afghanistan, the southern Philippines, etc. will need clinical services and other war-related psychiatric wounds.

There are virtually no inpatient PTSD treatment centers in some parts of the country, and this must be remedied through creation of both full inpatient units in those areas as well as the establishment of numerous residential treatment centers, which are less costly but meet the acute mental health needs of some veterans with severe chronic/acute PTSD. This must be addressed even in these difficult fiscal times.

Additionally, the National Center for Post Traumatic Stress Disorder must be funded with at least another \$1 million per year to do its work, which is to do research and to teach others in the VA system and elsewhere how better to treat PTSD, as well as its psychological and its physiological derivative conditions.

Additionally the Secretary's Special Committee on PTSD must be made permanent, and its reports properly posted on the VA web site so as to be easily and visibly available to all interested parties. The statute should require that each annual report of this committee be delivered to the Committees on Veterans Affairs in a timely manner each year, with appropriate comments from the Secretary attached.

Similar action must be taken in regard to the Committee on Serious and Chronic Mental Illness ((SMI). Further, if the VA will not heed or act upon their reasonable recommendations, then the Congress must take stringent oversight and/or legislative action to see that these vital recommended actions by these two distinguished committees are translated into real and effective services for our veterans most in need.

As Senators and Members on these Committees are aware, readjustment problems among veterans are not new phenomena. Such problems can be traced back in the country as far as the Civil War, when the disorder was labeled "soldier's heart." It was subsequently referred to as "shell shock" in World War I, "combat neurosis" in World War II, and "combat fatigue," in Korea. Frequently, veterans were suffering from disorders which were misdiagnosed as paranoia, paranoid schizophrenia, or borderline personality disorders. More often than not, the veterans were dismissed as cowardly or personally weak.

PTSD is a legitimate mental-health disorder recognized worldwide by mental health professionals, and it is clearly defined by criteria set forth in the current *Diagnostic and Statistical Manual* of the American Psychiatric Association. Problems related to PTSD include chemical dependency, incarceration, homelessness, unemployment and underemployment, as well as many other mental-health conditions. In the face of these scientific facts, the government continues to respond in cavalier and disinterested ways, which only serve to exacerbate and intensify the problem.

The failure of Department of Defense first, and subsequently the Department of Veterans Affairs, to fully and properly address the problem of PTSD and substance abuse among combat-theater veterans of all generations has in the past resulted in a deplorable waste of human lives and resources. This only serves to compound the endemic mistrust of the federal government by Vietnam-era veterans. Resources and the effective commitment to deal with the neuro-psychiatric wounds of war should be made available and be adequately distributed in all the areas mentioned in order to meet the need reported by the National Vietnam Veterans Readjustment Study.

VVA believes that Congress should take all the above described necessary steps to ensure that the organizational capacity of the Department of Veterans Affairs to address the

neuro-psychiatric wounds of war, particularly post traumatic stress and concomitant substance-abuse, is restored to at least the level of effort that existed in FY 1996, adjusted for medical inflation and increases in the numbers of veterans seeking/warranting such services.

SCOPE OF PRACTICE

VVA is astonished that it is even necessary to comment on a question as to whether non-physicians should perform major medical duties. However, optometrists, who are skilled in making eyeglasses, are being in some cases considered for authority to do laser surgery, questions appears to be necessary. An analogy would be a trained prosthetic shoemaker suddenly being privileged to do major foot surgery now performed only by medical doctors trained in both podiatry and surgery. VVA supports passage of legislation such as the recently "Veterans Eye Safety Act" or by responsible action of the Veterans Health Administration, that will prohibit optometrists from doing the job of ophthalmologists.

Similarly, it should not seem necessary to comment further on the Congressional mandate in regard to a full-time coordinator for Physician Assistants (PA) within the VHA. However, PAs still do not have parity with Nurse Practitioners (NPR), nor has VHA created a full time coordinator in the VA central office for Physician Assistants. It is worth noting that nursing services has, on the face of it, a staff of 12 in the VHA central office. VVA has the impression that this has become a case of remnants of the old guard, one of whom was openly disdainful of the Congress before a gathering of about 400 VA physicians in Washington several years ago, not knowing that there were staff from the Committee on Veterans Affairs present, as well as veteran service organization representatives who have great respect both for the institution and this Committee. It is worth noting that a very, very small percentage of Nurse Practitioners are veterans while at least half of Physician Assistants are veterans.

DoD REMISS IN PRE-DEPLOYMENT & POST-DEPLOYMENT EXAMINATIONS

- Vietnam Veterans of America has been active for almost two years in trying to focus attention on the failure of the Department of Defense (DoD) to obey the provisions of Public Law 105-85, Section 762 to 767, which prescribes a minimum protocol for examinations to be given to each service member prior to any deployment overseas, and immediately upon the individual service member's return. In the buildup leading to the war in Iraq, the DoD ordered only a self-reported questionnaire in lieu of a real medical examination. (These questionnaires were often supervised by the lowest rank clerks, who had no medical knowledge or training).

VVA, the National Gulf War Resource Center, and others urged Secretary Donald Rumsfeld to comply with the law, and do a complete and full medical exam to establish a base point for physical and mental health, including problems that might develop many years into the future as a result of exposures they might experience. We believe because of numerous press stories and inquiries from Congress, DoD started doing an

examination procedure of sorts, even though it was far from adequate to meet the most minimum requirements of the law, or even common sense.

Five days after the actual war had begun, a hearing in the House marshaled enough additional pressure on DoD, including from these Committees and from many individual Members and Senators, so that on April 30, 2003, DoD directed that a somewhat enhanced examination protocol be followed, are that included the drawing and preservation of blood. At that time there were still no plans to enhance pre-deployment exams or to do appropriate pre-deployment or post-deployment mental/psychosocial examinations.

In a meeting with Assistant Secretary Winkenwerder in the autumn of 2003, VVA and National Gulf War Resource Center representatives urged Mr. Winkenwerder to send additional resources to Fort. Stewart, Georgia and other sites that were or may have been lacking in proper medical resources to deal with American service members returning from the Iraq war zone.

Additionally, the representatives urged that there be a complete pre-deployment examination, including drawing and preserving blood and tissue samples, as well as a proper mental health assessment. We also advocated more effective procedures for examination and preservation for the future of finding and samples. Mr. Winkenwerder was polite but kept reiterating that there was “no change in policy being contemplated at this time.”

Now VVA is given to understand that even the desultory observance of the law by DoD is now being undermined by the apparently purposeful failure of the Assistant Secretary of Defense to take steps to properly ensure that each and every service member gets a full pre-deployment physical, during deployment physical, and post-deployment examination. Obviously the samples and result of each test should be preserved, as intended by Congress. It is the Assistant Secretary’s responsibility to uphold the law of the land. He took an oath to do so. By saying that it is “the Commander’s responsibility” to uphold the law or not, as is currently the case is a restart from the responsibilities of that oath. The old military saying is applicable here: “A unit does well that which the commander checks well.” The Assistant Secretary does not even seem to be checking at all, much less well.

As all Senators and Members are aware, a public official can delegate authority, but may *not* delegate responsibility. It was the intent of Congress in Public Law 105-85, sections 762 through 767, that these examinations be given to each and every American deployed into a hostile zone. If any Assistant Secretary does not take all reasonable steps to ensure that the law is obeyed in his area of responsibility by those whom he delegated authority, then it is his/her responsibility to take effective action to correct the situation, and see to it that the law of the land is upheld.

A recent news report quoted an Assistant Surgeon General of the Army, in a January 2004 memo, as “discouraging” further testing of any sort and discharging the service

member as quickly as possible. Quite frankly, this law was passed to protect the veteran in years to come, and not to contribute to current military ease or convenience. The nation owes these service members a record from which they can find out if a future illness or malady may be due to military service exposures. It was also enacted so that there would be a sufficient database for potential future studies if medical problems develop for veterans of any particular deployment.

This tacit refusal to provide clear records either for the protection of the individual American who put their life in harm's way is shameful. This "passing on the problem" to the VA by the military commands, with a "Wink" from DoD," or casting the citizen who honorably, often valiantly, served our nation in the military without knowledge or proof if he/she later becomes ill is in itself a disservice to the citizens who served and not worthy of any respect or honor.

VVA believes that we can and must do better. The solution is simple. DoD should obey the law and stop flirting at observing of the law by telling local commanders that it is up to them as to whether or not to obey the law. It is worth noting that none of the Army bases visited by representatives of the Senate National Guard caucus and the National Gulf War Resource Center were performing these exams. It is clear that much more and tougher Congressional oversight is needed by the Committees on Veterans Affairs, the Armed Services Committees, and other appropriate entities of Congress.

AGENT ORANGE – BENEFITS - There are, unfortunately, too many other issues that the system has not addressed particularly well. Yes, the VA has designated several conditions – including prostate cancer, type II diabetes, Non-Hodgkin's lymphoma, soft-tissue sarcomas, and multiple myeloma – as being presumptive for exposure to Agent Orange among in-country Vietnam veterans. However, research into the health effects of dioxin, the nasty, toxic byproduct of Agent Orange, has never been properly funded. Yes, dioxin has been linked to certain birth defects in the offspring of in-country Vietnam veterans; could it also be a factor in birth defects in the offspring of *children* of Vietnam veterans? This we don't know because it hasn't been studied. We will advocate for congressional hearings and legislation that will rectify what we consider to be an unacceptable situation and recommend significant funding for research into the health effects of dioxin.

We will advocate as well for large-scale epidemiological studies of any maladies and diseases common among Gulf War veterans, Iraqi Freedom veterans, and Vietnam veterans.

PROPOSED LEGISLATION, ALLEN V. PRINCIPI - In its FY05 budget report, once again 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 in which 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 \$55.1 million in FY 05) 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 for everyone involved in the process, VVA believes that the rating schedules for many maladies must be reviewed and brought in line with the *Diagnostic and Statistical Manual (DSM)*. VVA pledges to work closely with the committees on this issue.

MILITARY RETIREES - VVA was shocked and dismayed by the provision in the Public Law 108-136, the FY04 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 legislation allowing full concurrent receipt for *all* military retirees.

PROJECT 112/SHAD VETERANS - Just as the wounds of this generation of America's finest must be dealt with, so, too, must the travails of an earlier generation of

veterans be acknowledged and rectified. Throughout much of the 1960s into the early 1970s, our government conducted covert, top-secret tests of biological agents, simulants, and tracers, and chemical decontaminants under the rubric of Project 112 and Project SHAD. (SHAD is the acronym for Shipboard Hazard and Defense or, as some believe, the 'D' really stood for Decontamination.)

For years, the Department of Defense, hiding behind the ever-convenient shield of "national security," refused to acknowledge that these tests had been conducted. Gradually, as we learned more about these tests, DoD could no longer deny that they had not occurred. To this day, we still do not know what we don't know, but we do know this: We have uncovered only the tip of the iceberg. We will not rest until we see just how deep and just how wide this testing was, and how many sailors and soldiers may have been tested – unwittingly tested. Nor will we forget about the misfeasance and malfeasance of highly placed officials at the DoD and the VA who for years have obfuscated and outright lied about what really happened. Here and now, VVA calls on Congress to set in motion an immediate independent investigation of the continuing SHAD coverup.

With regard to this issue, we do, however, want to offer praise for some of your distinguished colleagues – specifically, Congressman Ciro Rodriguez of Texas and Senator Sam Brownback of Kansas – for their sponsorship of legislation that brings a modicum of justice to SHAD veterans by ensuring that, at least for the next two years, they may seek and be accorded treatment for their ills and illnesses without the need to prove service-connection or be low income, even though the SHAD veterans have to make co-payments for service and for any medications that may be required. VVA also expresses gratitude and thanks to Secretary of Veteran Affairs Principi, who took the initiative to request of his Cabinet colleague, Defense Secretary Rumsfeld, the names of known SHAD veterans.

Although veterans artificially classified as Category 8 who are among the roughly 5,800 plus known participants in Project 112/SHAD tests now theoretically have access to medical care at VA medical facilities, there is still no standard protocol for a SHAD physical, even though we (and VHA officials) know at least some of the toxic substances to which these veterans may have been exposed. DoD knows the dosage rate, and has not shared it with VA because DoD says VA has never asked for it, and when pressed VA officials say that DoD claims not to know the dosage rate. However, DoD and VA do know many if not all of the toxins to which these service members and others were exposed in many of the tests. At least some of the long-term health care effects of exposures are available in the general literature, yet the VHA refuses to issue a standard protocol, limiting the usefulness of any medical care provided. Some of the veterans tell us that they believe this professed inability to look for conditions and diseases which are known to be associated with such exposures is a deliberate attempt to discourage and/or preclude successful claims for compensation (and resultant access to no cost medical care for their maladies) by the VA. Vietnam Veterans of America (VVA) would hope that this is not the case.

HOMELESS VETERANS - Over the years, Congress has passed laws and appropriated monies to meet the domiciliary and psychological needs of homeless veterans, but the resources never seem to match, or even seem to make a dent, in the need. For years now, we've been talking about a quarter of a million homeless veterans sleeping on the streets or in shelters every night. For these veterans, who once served our nation with pride, we simply must do more and we must do better.

VVA applauds the administration's request to increase the Homeless Grant and Per Diem Program from \$75 million to \$100 million in its budget proposal in accordance with Public Law 107-95, the Homeless Veterans Assistance Act of 2002. For these funds to adequately serve this special-needs population, VVA believes that the VA Health Care for Homeless Veterans funds, which includes the Homeless Grant and Per Diem Program, needs to be a separate line item in the budget.

HOMELESS WOMEN VETERANS - The plight of the homeless woman veteran is one that is only recently being addressed by the VA in any specific fashion. VVA commends the VA for its FY2000 initiative for homeless women veterans, the first pilot program of its kind. The pilot project program instituted with money in FY 2000 will end in April 2004. The renewal of these programs is of course heavily weighted by program outcomes. If proven successful, we urge the VA, more specifically the VISN directors, to continue funding and we further look for an increase in the number of these women veteran-specific, homeless programs.

The profound significance of these pilot programs, as seen in the lives of the homeless women who are participants, begs serious consideration. Because VA homeless domiciliaries are primarily utilized by male veterans, women find it difficult to acclimate themselves to the male-dominated residential structure, not only in light of their small representation in the population, but also because of past personal histories which include a significant occurrence of sexual abuse and trauma.

Mr. Chairmen and members of the committee, VVA would like to ensure that the VA's Homeless Grant and Per Diem Program include women veterans as a priority category under the next capital grant round.

POW/MIA - VVA's highest priority remains the fullest possible accounting of our servicemen missing overseas, not only in Southeast Asia also from all American wars and deployments. We believe that Congress must exercise close oversight to ensure that the maximum effort is made to secure the release of any American who might still be held captive, and to recover the remains of those who have perished.

We would like to thank you and your colleagues for your strong commitment to our ex-prisoners of war by pushing for passage of Public Law 108-183, which added cirrhosis to the list of presumed service-connected disabilities for former POWs and eliminated the

requirement that a POW be held at least 30 days for presumption of service-connection for a variety of disabilities. We also applaud your efforts in securing passage of Public Law 108-170, the Veterans Health Care, Capital Asset and Business Improvement Act of 2003, which eliminated co-payments for pharmaceuticals for ex-POWs.

VETERAN-OWNED BUSINESSES - There is much to be done to properly implement Public Law 106-50 as well as Public Law 108-183 in the awarding of federal contracts to service-disabled, veteran-owned small businesses. VVA will continue to work with our friends in Congress, with the White House, with our good friend and champion Secretary Principi, as well as with veterans service organizations and other interested parties through the Task Force for Veterans Entrepreneurship to ensure that the laws pertaining to veteran-owned and operated small businesses are fully implemented, especially for service-disabled veterans. VVA will slacken our hard-charging in this arena only when the percentage of dollars and the number of contracts and subcontracts for *every* federal entity exceed the 3% “goal.” However, VVA is prepared to take whatever action is needed to lawfully achieve parity and justice for veteran entrepreneurs.

VETERANS PREFERENCE - In another area, not only the VA but the entire federal bureaucracy ought to plead guilty to criminal negligence for ignoring if not flouting laws that provide for veterans preference-eligible persons in the hiring of veterans, and specifically disabled veterans, as federal employees and ensuring their special retention rights in the event of a layoff. Our federal government must obey the law and give preference in hiring qualified veterans. This is not only a moral obligation, it’s the law.

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.

THE WAR IN IRAQ - Americans returning from Vietnam often felt – often *were* – shunned. Not only by those who held honest disagreement with American policy in Southeast Asia but by our fathers who bled in the “Good War,” World War II, and our uncles and cousins who battled the elements as much as the enemy in Korea. They didn’t understand the nature of what we were dealing with in Vietnam. They did not see and could not know the true dimensions of the anguish of the troops who served and did our nation’s bidding in that war, particularly as the war lingered, the light at the end of the tunnel never getting any brighter.

Today, with Americans in uniform serving across the globe in the war on terrorism, we have been remarkably ill-prepared to welcome them home upon their return. In part, this

has been a function of politics: This administration has curtailed contact between returning, wounded veterans and representatives of the veterans service organizations at the facilities at which these newly minted veterans are being treated. They have banned photography and reportage of our KIAs. And by in effect sneaking the caskets of our fallen service members into the country, they have denied families of the fallen, and all Americans, a measure of dignity and respect.

This policy is radically shortsighted. It is also simply wrong: Just as Americans have a right to know how much this war on terrorism is costing, so, too, do we have a right, and a need, to see and feel and understand that critical human cost. Those who have been, and are continuing to be, maimed and killed represent the best in America. Their sacrifice ought to be acknowledged and understood and honored not by a plaque, or a yellow ribbon, but by honor-guard ceremonies attended by those who have sent them off to war. The headlines that read, "Two More Americans Killed in Baghdad Bombing," do not, because they cannot, convey the loss that these lives truly mean. Nor can the latest flourish of Pentagon-speak: Because the President has declared the hostilities over, we no longer have MIAs, the shorthand for "Missing in Action." Instead, we have DUSTWUNs: DUty SStatus, Where-aboutS UnknowN.

'... AND HIS WIDOW AND ORPHAN' - VVA strongly favors elimination of the shameful taxation on the benefits paid to survivors of those killed in military service. Does any Member of Congress, or any decent American, *not* believe that these survivors have not paid a terrible price in the service of our nation? This unjust taxation should be eliminated immediately. While America can never repay our debt to these survivors, we can stop insulting them by ceasing to tax these payments that are meager in comparison with benefits paid to the Americans killed in the World Trade Center attacks.

VVA advocates as well the immediate elimination of the reduction of survivor benefits to widows at age 62.

KEEPING THE PROMISE - VVA strongly favors the immediate passage of H.R. 3474, which now has strong bipartisan support, in order to make good on the explicit promise to provide lifelong health care to those Americans who entered the military prior to 1956. We strongly urge every Member, on both sides of the aisle, to do what is necessary to keep America's word to these citizens.

MILITARY HISTORY - Too often, a good idea at the top only trickles down, never reaching the troops in the trenches, so to speak. Take the Military Service History card produced by the VA. It represents a terrific idea not only for VA medical personnel but for other physicians and health-care professionals as well. It offers a list of questions a doctor or clinician should ask patients to ascertain if they might have certain diseases that might be associated with their military service. It guides physicians in their initial contact with patients. After years of VVA prodding, the VA was convinced to produce this card. However, based on accounts we've received from our members and others who use the hospitals and clinics in the VA medical system, this card is rarely used, the questions it posits rarely asked. And few if any of the physicians who treat the 80 percent

of veterans who do *not* use the VA health care system have ever seen it. So, an opportunity is lost.

The plans for fully implementing the Veterans Health Initiative (VHI), particularly the part about incorporating veterans' military history into the patient treatment record and using this information in the diagnosis and treatment process, must be accelerated. VVA commends Secretary Principi for making this an explicit and important goal in the VA Strategic Plan for 2003-2008. VVA also commends Undersecretary for Health Robert Roswell for including the same goal in the last "Vision 2020" planning document at the Veterans Health Administration. However, plans to ensure that the personal military record of each veteran at the VA for medical care contains a complete military history in such a fashion that it can be used effectively in the diagnosis and treatment process are long overdue. VVA is aware that such military histories in a useful format are apparently part of the plan for "Health-e-Vet" computer system. In the meantime, however, there is no reason why VHA (as well as the rest of VA) cannot move toward educating *all* VA staff, particularly clinical staff, in "who are veterans" and what is unique about this group of American citizens whom VA serves. The military history cards could and should be employed by VHA toward this end, without further delay. This is the fifth year of the VHI, and much more progress must be made in this area in the coming year. The strong support and united expressions of concern by all of the Senators and Members of the Committees should help move this process along at a more appropriate and much accelerated manner.

The aspect of the VHI that involves continuing education about the particular wounds and the hazardous exposures of war is something VA has done very well, and the staff at the VHA deserve high marks for creating something that VVA has been advocating for the 25 years of our existence. However, most VA physicians do not know about it, nor are they getting strong cues from their department, medical center, or VISN leaders that it is very important, if indeed not downright crucial, to acquire competence in these areas. (These curricula may be accessed at www.va.gov/vhi.)

OUTREACH - In this area of outreach, the VA has curtailed its efforts across the board. A June 2002 memo calling on all VISNs to cease outreach cried out for response. And got one. VVA and Congressman Strickland have taken the VA to court to get the VA to do what it is statutorily obligated to do. We took this action with reluctance. But we took it because we felt this was the only way to ensure that the VA devotes adequate resources to this vital function. We believe it is not only prudent but also imperative that the Secretary be provided with the funding necessary to inform veterans, and especially new veterans, of the services and benefits available to them. We also urge that VA expenditures on outreach in specific health areas be tracked so that we may know how much is being spent where, and to what effect.

As many of you know, VVA's founding principle is: "Never again shall one generation of veterans abandon another generation of veterans." To this end, we would ask that you consider what this really means, and work to ensure that newly minted veterans are informed of the health-care services and benefits they deserve and to which they are

entitled. Too many recently separated veterans are oblivious of these benefits. Proper outreach by VA personnel *before* these women and men trade in their uniforms is imperative.

CONCLUSION - Mr. Chairmen, on behalf of all the members of Vietnam Veterans of America, we want to thank you for this opportunity to present our views to you today, and for your efforts on behalf of America's veterans.

**VIETNAM VETERANS OF AMERICA
Funding Statement**

March 25, 2004

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

Edward Chow, Jr.
Vice President

Edward Chow, Jr. was elected National Vice President of Vietnam Veterans of America in 2001 and re-elected in 2003.

Chow has extensive experience in both public administration and in the private sector. He served as Deputy Assistant Secretary for Policy for the Department of Veterans Affairs (VA) in the Clinton Administration, retiring in 2001. Prior to joining the VA, he was City Administrator for the City of Kent, Washington, where he directed a \$65 million budget and effectively saved the city \$1.5 million. From 1979-81, he was Director of Emergency Services for the State of Washington, where he managed the state's response to natural and other disasters.

Chow has successfully run his own business, first managing a family owned venture and later working as a self-employed business consultant. From 1968-74, he was registered with the New York Stock Exchange and worked as an executive in the securities industry as a portfolio manager and investment advisor, first for Bache and Company and later with Shearson, Hammill & Company.

His involvement in military service dates back to 1956 when he enlisted in the U.S. Army. When he entered Seattle University he joined R.O.T.C. and upon graduation in 1962 was commissioned a second lieutenant. He served in Germany and completed his service as a captain in Vietnam. He was awarded the Bronze Star.

Chow was elected to VVA's National Board of Directors from 1991-1993 and earlier served as Washington State Council President from 1986-1990. He is a member of the Veterans of Foreign Wars and has served as Vice-Chair of a Veterans Cemetery Board in Seattle.

Chow had been active in a number of civic and public service organizations serving on the boards of United Way for South King County, Campfire Girls and Boys of King County, and the Renton Area Youth Services, all in Washington.

He received a MA from the University of Puget Sound and his BA from Seattle University.

A devoted father, Chow has a son and daughter, both of whom are medical doctors, and two grandsons.

Alan Cook

Treasurer

Alan Cook currently serves as Treasurer of Vietnam Veterans of America. A member of VVA since 1985, he helped form Chapter 400 in Oakland, California, serving as its treasurer. He also served as treasurer of the California State Council for ten years, and treasurer of the Vietnam Veterans Assistance Fund for four years. He has been a member of VVA's National Board of Directors as well as Director of Region 9 (Arizona, New Mexico, Colorado, Utah, Nevada, and California).

Born in San Francisco and raised in the San Francisco area, Cook enlisted in the U.S. Army upon graduating from high school in 1971. He served in Vietnam with the transportation motor pool based at Long Bien and the 716th MP's in Saigon. Following his tour of duty in Southeast Asia, he completed his enlistment at Ft. Bragg, North Carolina.

After returning home, Cook took advantage of the GI Bill and obtained a degree in business administration. Shortly after graduation, he accepted a position with an investment-banking firm in his home town. He has remained there for 24 years and is now controller.

Alan is married to Cindy and has three children – Jessica, Danny, and Steven. Both sons have followed their father by enlisting in the Army. Alan's family's service in the military can be traced back to the Civil War.

Jim Grissom
Secretary

Jim Grissom currently serves as Secretary of Vietnam Veterans of America. He also is a member of the Board of Directors of the Vietnam Veterans Assistance Fund and chairs the Veterans Assistance Service Group for VVA's Washington State Council.

Raised in Southern California, Grissom volunteered for the draft and was inducted into the U.S. Army. Sent to Vietnam in October 1971, he first served as a infantryman with 101st Airborne Division, 1/327th, and then with the 1st Cavalry Division, 2/5th. He completed his two-year tour with the "Big Red One" in Ft. Riley, Kansas.

A member of VVA Chapter 686 in Moses Lake, Washington, Grissom became active at the state level in 1997, serving as Membership Chair. In 1998 he was elected Vice President of the Washington State Council. In 1999 he was elected President of the State Council; he was re-elected in 2000. In 2001 he was elected as Director of Region 8 (Montana, Wyoming, Idaho, Oregon, and Washington). For four years he served on the National Benefits Committee of VVA, and continues to serve as a special advisor to the committee.

Even with the many duties of National Secretary, Grissom continues to assist veterans in the rural areas of Eastern Washington, Idaho, and Montana in obtaining health care and in the filing of claims for service-connected disabilities with the Department of Veterans Affairs.

Henry Avery Taylor
Chair, Government Affairs Committee

Henry Avery Taylor is a Life Member of Vietnam Veterans of America. He is serving his second term as Chairman of VVA's Government Affairs Committee. Previously, Taylor has served in various offices at the VVA chapter and state level, and was a member of VVA's Public Affairs Committee.

Avery Taylor served in the U. S. 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, based at Tan Son Nhut AB, Saigon, in 1969. He was awarded the Bronze Star for meritorious service.

Taylor attended Auburn University and Spartanburg (South Carolina) 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 13 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.

Bruce W. Whitaker
Chair, VVA Government Affairs Committee
And
Region 3 Director

Bruce W. Whitaker, a retired Maryland State Police trooper, is Director of Region 3 (Virginia, West Virginia, Kentucky, Tennessee, South Carolina, North Carolina, Maryland, and the District of Columbia) for Vietnam Veterans of America. Serving with the U.S. Marine Corps from June 1966 through December 1969, he was with Delta Company, 1st Battalion, 5th Marines, 1st Marine Division in Vietnam from November 1966 to December 1967. He was wounded in action on June 2, 1967 during Operation Union II.

Whitaker has had extensive involvement in veterans advocacy. He currently chairs VVA's Veterans Affairs Committee. A six-term President of VVA Chapter 172, he serves as President of VVA's Maryland State Council. He is a member of the Board of Directors of The Trust for Maryland Vietnam Veterans. He also serves as a member of the Veterans Advisory Committee for both Senator Barbara Mikulski and Congressman Roscoe Bartlett.

Whitaker resides in Cresaptown, Maryland.

Nancy S. Switzer

President, Associates of Vietnam Veterans of America

Nancy Switzer, whose husband, Richard, was wounded in action while serving with the 25th Infantry Division in Vietnam, currently serves as National President, Associates of Vietnam Veterans of America (AVVA).

A legal assistant in Rochester, New York, Switzer previously held a variety of posts as National Associate Liaison to VVA, Region 2 (Pennsylvania, New Jersey, Delaware, and New York) Associate Liaison, and Chapter 20 Associate Liaison. She has served on a wide variety of VVA's national committees, including PTSD and Substance Abuse, Veterans Incarcerated, Minority Affairs, Membership, Strategic Planning, Public Affairs, Constitution, Convention Planning, and Public Affairs; she has also co-chaired the Government Affairs committee.

Switzer has served as the only non-veteran on the Monroe County (New York) Veterans Advisory Committee and on the Veterans Outreach Board of Directors. She developed the VVA/AVVA Project Friendship, a program that helps the homeless and needy veterans and their families which has raised more than \$100,000 to date. She also established the Survivor Benefits Program for veterans and their families, and has been instrumental in VVA's Veterans Against Drugs program. She is currently drafting a children's handbook on the American flag.

Her efforts have been recognized with a variety of accolades. She has been cited as Chapter 20 Associate of the Year; as New York State Associate of the Year; and as Western New York Region Veteran of the Year. She is the recipient of both the Humanitarian Award and the Bronze Medallion Award from the Chapel of Four Chaplains. She is the first AVVA member to receive VVA's National Commendation Medal.

She is a 1968 graduate of Gates Chili High School – she has been inducted into her alma mater's Hall of Fame – and a 1970 graduate of the Rochester School of Practical Nursing. She and Richard are the parents of two children.

Attachment I

VVA 2004 LEGISLATIVE AGENDA AND POLICY INITIATIVES

*Adopted at the VVA National Board Meeting
January 24, 2004*

PREAMBLE

The highest legislative priority of Vietnam Veterans of America is the institution of **mandatory – or “obligatory” or “guaranteed” – funding for VA medical operations** based on the per capita use of the veterans health-care system (including long-term care), indexed for medical inflation, for all American veterans. The funding base, however, must be restored to the 1996 level of funding: Had appropriations for health care been maintained at that level of effort required by law, the VA system would be receiving some \$10 billion more in FY 2004 than is being appropriated.

VVA has long maintained that **managerial accountability** goes hand-in-hand with obligatory funding. The entire VA system warrants continued management reforms, the prime goal of which must be to ensure the accountability of senior managers. To help measure performance, the VA must develop a modern financial tracking system and standardize its financial systems so that the costs at one medical center can be easily tracked and compared to similar expenditures at other VA medical centers.

The following are other specific issues that VVA feels need to be addressed by appropriate legislation or executive action:

I HEALTH

A. Pass a Veterans Health Care Funding Act of 2004, provisions of which would:

1. mandate that the VA offer a defined health-benefits package that features both basic and preventive care, to all veterans;
2. grant the VA the authority to bill and retain third-party reimbursements from Medicare on behalf of Medicare-eligible veterans;

3. grant the VA the authority to provide necessary services to the families of veterans where clinically indicated, including bereavement counseling by the Veterans Health Administration as well as Readjustment Counseling Service;
4. establish a new position, Veterans Family Service Coordinators, to be stationed in all VAMCs and VAROs;
5. ensure that all veterans be tested for the hepatitis C virus and, if found positive, be given medically appropriate treatment by VA or private practitioners; and, to these ends, work for and support the passage of H.R. 73 and S. 1847, the Veterans Comprehensive Hepatitis C Health Care Act.

B. Enact the “Comprehensive Agent Orange and Dioxin Act of 2004”

1. This Act would authorize significant funding – at least \$100 million – for independent research, including clinical trials, of the health effects of exposure to Agent Orange and other herbicides. Funding stipulated in Section 603 of Public Law 108-183, the Veterans Benefits Act of 2003 -- \$500,000 annually from FY 2004 through FY 2013 – is entirely inadequate.
2. The research would:
 - a. center on a national epidemiological study of the impact of exposure to Agent Orange and other toxic substances on Vietnam veterans and their families;
 - b. include a focus on the incidence of prostate cancer in Vietnam veterans;
 - c. include a focus on birth defects in the second- and third-generation progeny of in-country Vietnam veterans;
 - d. include a review of death certificates of Vietnam veterans, their children and grandchildren;
 - e. look at the health effects of dioxin in dioxin-contaminated sites such as Times Beach, Missouri, and Camp Lejeune, North Carolina.

3. The Act would also:
 - a. establish and fund a “National Institute of Veterans Health” within the National Institutes of Health;
 - b. establish a database at the Library of Congress or the National Institutes of Health, the National Institute of Environmental Health Study, and/or a National Institute of Veterans Health of all relevant chemical studies and surveys, including studies done by such states as New Jersey and Michigan;
 - c. amend Public Law 102-4 to require that the National Academy of Sciences consider all studies that are relevant to chemicals and toxic substances used in Vietnam and elsewhere by the U. S. military during the Vietnam war;
 - d. mandate a determination from the National Academy of Sciences as to whether or not it is just as likely or not that Agent Orange/dioxin could have caused specific diseases or illnesses.
4. The Act would also discontinue funding of the Ranch Hand (Agent Orange) Study
 - a. Because VVA believes that this study no longer serves a worthwhile purpose, VVA shall ascertain that the Secretary of Veterans Affairs complies with Section 602 of Public Law 108-183 by having the National Academy of Sciences conduct a study to determine the appropriate disposition of the Ranch Hand Study.
 - b. VVA shall then make every effort to ensure that the 68,000 biological specimens stored in Texas are either preserved or disposed of in an ethical manner, and that specimens and/or data are made fully available to reputable researchers.
- C. Advocate for studies and clinical trials to determine additional evidence of cancers other than those already officially linked to exposure to Agent Orange by the VA and the National Academy of Sciences to establish presumption to in-country service in Southeast Asia. (Currently, Hodgkin’s disease, non-Hodgkin’s lymphoma, multiple myeloma, respiratory cancers [cancers of the lung, larynx, bronchus, and trachea], soft-tissue sarcoma, and prostate cancer are the only cancers presumed to have been caused by service in Vietnam.)

D. Advocate for legislation that would:

1. end any prejudice in the allocation of resources for neuropsychiatric treatment and centers in the VA health care system, and redress the current imbalance of resources to restore the VA's organizational capacity for mental health services;
2. seek to make permanent the eligibility criteria to access VA care and treatment for sexual trauma that had its origins during a veteran's military service;
3. require that the Women Veteran Program Managers position be funded at no less than 0.5 FTEE [Full-Time Employee Equivalent] at each VA medical center and regional office and full-time at each VISN;
4. mandate that inpatient as well as outpatient PTSD and mental health treatment be available in all VISNs, with resources related to the specific needs of the veteran population in the VISNs;
5. provide funding to enhance the readjustment counseling programs at the 206 Vet Centers, to include PTSD counseling for families of veterans.

II BENEFITS**A. Seek Congressional Oversight Hearings to address:**

1. the disparity between Agent Orange claims filed versus claims granted;
2. the paucity of funding for Agent Orange research;
3. the current rating schedule for service-connected mastectomies and other conditions to determine if the schedule needs to be revised;
4. the placement of secondary conditions for non-Hodgkin's lymphoma in part 4 of Title 38 CFR;
5. the lack of research on veteran-related diseases at the National Institutes of Health.

B. Enact the “Equitable Hazardous Battlefield Compensation Act of 2004” that would include but not be limited to:

1. addressing inadequacies in the VA’s rating schedules for benefits;
2. providing for service-connection for conditions deemed to be related to exposure to Agent Orange and/or other toxic substances (the “In-Country Effect”);
3. providing for service-connection for secondary illnesses or conditions induced or exacerbated by exposure to Agent Orange and/or other toxic substances in military service or by chronic acute PTSD.

C. Seek to enact a “Dates Bill” that would:

1. modify IRS statutes or rulings – and/or the VVA Charter – to extend the inclusive dates of the Vietnam War for in-country Vietnam veterans from April 1, 1954 to December 31 (rather than May 7), 1975, and for Vietnam Era veterans from February 28, 1961 to December 31, 1975;
2. adjust the dates of eligibility for the Vietnam Service Medal to commence on August 5, 1964 and end on December 31, 1975. (VVA recognizes the Vietnam Era to run from February 28, 1961 through May 7, 1975.)

D. Seek appropriate action that would:

1. secure GAO report and oversight hearings concerning the appointment and utilization of conservators for homeless and seriously mentally ill veterans;
2. extend benefits to Reservists and members of the National Guard to include sexual trauma and assault incurred in non-active duty training;
3. eliminate entirely the Disabled Veterans Tax (“Concurrent Receipt”) to allow *all* military retirees to collect their full retirement benefits as well as any VA compensation to which they may be entitled;
4. establish the principle that the treating physician’s opinion holds more weight than the lay opinion of an adjudicator for the Veterans

Benefits Administration in determining a rating decision in proceedings of the VBA;

5. protect monies allocated for specific programs and extend to three years the time frame for the protected funds of special-needs programs for veterans;
6. provide health care and service-connected compensation, when applicable, to the children of any veteran who served in Vietnam who are born with birth defects;
7. mandate entitlement for incarcerated veterans at both federal and state penal institutions to access VA services for compensation and pension examinations for service-connected health problems;
8. provide for true judicial review for the Court of Veterans Appeals;
9. make permanent the VA Advisory Committee on Women Veterans biennial report to the Secretary of Veterans Affairs and the Congress;
10. eliminate the disparity between Office of Personnel Management and military regulations to ensure that credit for temporary disability retirement time is given when determining retirement and other benefits, e.g., vacation;
11. achieve justice for veterans whose health may have been compromised by exposure to the wide variety of chemical and biological agents, simulants, tracers, and decontaminants tested in the military's Project 112/Project SHAD; and justice of a different sort for those officials at the VA and the Department of Defense who for years have refused to release information that might help SHAD veterans get treatment and be eligible for compensation for service-connected conditions that may have resulted from their participation in the 112/SHAD tests.

III HOMELESS VETERANS

- A. **Work toward either enacting of the "Millennium 'Fair Share' for Homeless Veterans Act of 2004" or securing an Executive Order that would:**
 1. require that a "fair share" of resources be allocated to meet the special needs of homeless veterans;

2. link set-aside HUD McKinney homeless dollars with the VA Homeless Grant & Per Diem Program funding to ensure the availability of necessary resources for transitional housing for homeless veterans;
3. set aside VA Health Care for Homeless Veterans funds, including funding from the Homeless Grant and Per Diem Program, as a line item in the budget;
4. ensure that the VA's FY05 budget includes all authorized appropriated funds for implementation of all provisions of Public Law 107-95, the "Homeless Veterans Assistance Act of 2002";
5. ensure adequate funding for Health and Human Services for HUD McKinney-Vento programs; for Projects for Assistance in Transition from Homeless Programs; for Grants for the Benefits of Homeless Individual Programs; for the Interagency Council on the Homeless; for Health Care for Homeless Veterans; and for the Homeless Veterans Reintegration Program;
6. ensure that funding for the Federal Emergency Management Administration (FEMA) include \$200 million for the National Emergency Food and Shelter Board;
7. ensure that the VA's Homeless Grant and Per Diem Program include women veterans as a priority category under the next capital grant round.

IV POW/MIA

A. Advocate for appropriate measures that would:

1. call for the immediate and full declassification and release of all documents pertaining to all POW/MIAs;
2. enforce the POW/MIA Memorial Flag Act that requires the display at all federal buildings and facilities of the POW/MIA flag on any day that the Stars & Stripes is displayed;
3. enforce the law that all Post Offices fly the POW/MIA flag on those days they are required to do so;
4. require the continuous flying of the POW/MIA flag at all national cemeteries;
5. designate the third Friday in September as "National POW/MIA Recognition Day" in every state.

- B. **Enforce provisions of the “Special Former Prisoners of War Compensation Act” to establish a three-tiered special monthly pension for former POWs.**
- C. **Work to set in motion a public awareness program** to inform families of those listed as POW/MIA of the need to provide DNA samples to be used for potential identification of recovered remains.

V STATE LEGISLATION

Work with the State Councils to conceptualize and implement a state legislative agenda that conforms with VVA’s national legislative agenda.

VI EMPLOYMENT, TRAINING, and BUSINESS OPPORTUNITIES

- A. **Advocate for and seek to enact and enforce legislation to:**
 - 1. level the playing field for veterans – and particularly disabled veterans – who own their own businesses to compete for federal contracts;
 - 2. penalize those federal agencies that flout the law by giving at best little more than lip service to seeking veteran-owned small businesses whose products and/or services might meet their needs;
 - 3. attach rewards for compliance and sanctions for non-compliance, whether by commission or omission, to federal, state, or local statutes on Veterans’ Preference;
 - 4. measure and enforce, with rewards and sanctions, federal contractor compliance with laws that mandate the hiring, promotion, and retention of veterans and disabled veterans;
 - 5. achieve full and immediate implementation of all provisions of Public Law 106-50 (the Veterans Entrepreneurship Act of 1999) and Public Law 108-183 (the Veterans Benefits Act of 2003) and resist all attempts to weaken these laws by all means, including legal action;
 - 6. support the Veterans Corporation in seeking and securing additional funding.

- B. Seek passage of appropriate legislation that would:**
1. institute competitive measures to achieve quality assurance and accountability in all veterans employment programs;
 2. fund the re-education and training of veterans for “information age” jobs;
 3. require that a full-time DVOP be out-stationed at each Vet Center, VA Vocational Rehabilitation, and similar sites;
 4. provide work-skills training and development services, employment support services, job development and placement services, and similar rehabilitative services to those veterans who need them to become productive members of their communities;
 5. expand and strengthen self-employment aid programs;
 6. call for a study by the GAO or other appropriate entity into the disparities between Compensated Work Therapy programs operated by the VA and require minimum standards and quality assurance at each CWT site;
 7. require Veterans Preference of all federal contractors, especially for disabled and combat-wounded veterans, with strict certification requirements and strong sanctions for contractors as well as subcontractors who do not comply, particularly those who have contracts with the VA, the Departments of Defense and Homeland Security, and the Executive Office of the President.