

## TABLE OF CONTENTS

Introduction	2
The Independent Budget	4
Back Up To DoD	4
Homeland Security	5
The Military Coalition	5
VA Budget	6
Assured Funding For Veterans Health Care Act of 2003	7
Mandatory Funding for Veterans Medical Care	7
VA Cutbacks	8
Veterans Health Administration	9
Repeal of Suspension of Military Group 8	11
Third Party Reimbursement and Medical Collections Funds	12
Medical and Prosthetics Research	14
Post Traumatic Stress Syndrome	14
Long Term Care	15
Hepatitis C	15
Gulf War Illnesses	16
Capitol Asset Realignment for Enhanced Services(CARES)	17
Veterans Benefits Administration	18
Environmental Exposures	20
Concurrent Receipt	21
Meeting the Special Needs of Women Veterans	22
Counting of Service Members' Ballots	22
Project 112/Shad	23
Filipino Veterans	24
POW-MIA's	25
Compensation of American Prisoners of Japanese Imperial Forces	26
Homeless Veterans	26
National Cemetery Administration (NCA)	27
Burial Benefits	28
Conclusion	29

## INTRODUCTION

Chairman Smith, Chairman Specter, Members of the Joint Senate-House Committee on Veterans Affairs, my fellow veterans and friends, I am Paul Bernstein, the National Commander of the Jewish War Veterans of the U.S.A.(JWV). 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. JWV is an active participant in The Military Coalition, a group of over 30 military associations and veterans' 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 Specter, 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, Emma-Lou Rosenstein, 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 Bob Filner (CA), at our Congressional Reception

yesterday evening, in recognition of his truly outstanding work for America's veterans. It was equally rewarding to JWV to have so many of you participate with us!

For over 108 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 108<sup>th</sup> National Convention in Jacksonville, FL our convention delegates adopted our resolutions for the 108<sup>th</sup> 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 improvement, 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 faithfully 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.

### **THE INDEPENDENT BUDGET**

Jewish War Veterans is an endorser of the Independent Budget and we want to emphasize the following points from their deliberations:

- 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 veteran's 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 potential 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.

### **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 serves as our Washington representative and as Co-Chair of the Coalition 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.

### **VA BUDGET**

JWV is greatly concerned that veterans programs in the current fiscal year and in the future will have to compete against other priorities, such as NASA, homeland security or war in Iraq. NASA has become a high priority, with manned space flights to both the moon and Mars being planned. These will be costly and the funding will impact veterans' health care. JWV strongly urges the Congress not to cut veterans in order to experiment in space!

## **ASSURED FUNDING FOR VETERANS HEALTH CARE ACT OF 2003**

By the Department of Veterans Affairs' own statistics, over 200,000 veterans must wait six months or longer for their primary health care appointment. The Jewish War Veterans of the USA strongly supports the Honorable Lane Evans for his introduction of the "Mandating Funding of VA Health Care" act together with the 117 co-sponsors of that bill.

## **MANDATORY FUNDING FOR VETERANS MEDICAL CARE**

A new generation of young Americans is once again deployed around the world, answering our nations call to arms. Like so many brave men and women who honorably served before them, these new veterans are fighting for the freedom, liberty and security for all of us. Also like those who fought before them, today's veterans deserve the due respect of a grateful nation when they return home.

Unfortunately, without urgent changes in health care funding, our new veterans will soon discover their battles are not over. They will be forced to fight for the life of a health care system that was designed specifically for their unique needs, just as the veterans of the 20<sup>th</sup> century did, they will be forced to fight for the care they each are entitled to receive.

JWV believes that health care rationing for veterans must end. It is time to guarantee health care funding for all veterans. JWV has called for the current discretionary funding formula, in which VA must compete with other agencies for scarce budget dollars, to be replaced by providing mandatory funding for VA medical care. VA must be adequately funded to meet its own growth and end intolerable waiting periods.

In the FY 04 budget request, President George W. Bush and Secretary of Veterans Affairs Anthony H. Principi clearly state their objective: "a continued focus on the health care needs of VA's core groups of veterans – those with service-connected disabilities,

the indigent, and those with special needs.” However, the term “core groups of veterans” does not appear in Title 38, United States Code. The President’s budget request proposed to drive 1.2 million veterans in Priority Groups 7 and 8 out of the system through a combination of enrollment fees and increased co-payments.

Funding for VA health care currently falls under discretionary spending within the Federal budget. The VA health care budget competes with other agencies and programs for Federal dollars each year. The funding requirements of health care for service-disabled veterans are not guaranteed under discretionary spending.

Under mandatory spending, however, VA health care would be funded by law for all enrollees who meet the eligibility requirements, guaranteeing yearly appropriations for the earned health care entitlement of veterans.

### **VA CUTBACKS**

The JWV expresses deep concern that, under the guise of a lack of funding from the Congress, the VA has taken the easy way by creating a category 8 and halting the health care enrollment of an expected 164,000 additional veterans. This is no time to cut them off. The fault lies with both the Congress and the Administration which has failed to fully fund the VA. The Jewish War Veterans of the USA believes that under-funding is ridiculous when under the “homeland Security Act of 2002” Congress has approved 100 billion dollars to bail out insurance companies. Two billion dollars more for the VA would solve it’s under funding and make up in part for the recent two-year moratorium in funding for the VA.

## VETERANS HEALTH ADMINISTRATION

Demand for VA health care continues to outstrip available capacity. Only by locking out Priority 8 veterans- a policy entering its second year- and by employing other workarounds, has management been able to reduce waiting times in high-demand areas. Presently, there are about seven million veterans enrolled in VA care and nearly five million veterans sought care in the system in 2003.

In examining the Administration's budget request for veterans' health care in FY 2005, JWV believes that the Committee should address the following concerns:

Presidential Task Force (PTF) Recommendations. JWV is disappointed that the Administration has not taken more aggressive action to implement the recommendations of the President's own task force to improve delivery of health care for our nation's veterans. The PTF recommended that Congress provide full funding for all veterans enrolled in Priority Groups 1-7 and to resolve the situation of Priority 8 veterans' care. Sadly, however, it appears that little attention has been paid to this fundamental recommendation in the PTF Report. No legislation has been set up to establish full funding for enrolled veterans-either by a mandatory mechanism or some other means—and the future care of locked out Priority 8 veterans is still unresolved.

JWV recommends that the Committee and Congress take up the PTF Report recommendations and establish a sustainable full-funding mechanism in law and resolve Priority 8 veteran access and funding.

VA access standards. In the TRICARE system, routine appointments must be scheduled within seven days and specialty care within 30 days. The VA could meet the PTF's recommendation for full funding for veterans enrolled in PG 1-7 if Congress ratified VA's own access standards in law and required funding to those standards. Since the VA is a recognized national leader in quality-of-care, patient safety programs and other measures of excellence, it stands to reason that it should be required to meet its own

access standards. Quality without access is not true quality-of-care. JWV strongly recommends that the Committee direct and fund adoption of VA health care access standards similar to those of the TRICARE program.

Returning Veterans. VA recently released information showing that as of last fall; nearly 84,000 veterans who had returned from Afghanistan and Iraq had sought care in VA facilities for one or more conditions. Almost 60,000 of these returning veterans were from the National Guard and Reserve forces. With the largest troop rotation since World War II now underway, the VA is likely to experience continuing strong demand for its services from this new generation of veterans. The question is whether the VA is fully resourced to meet the new demand as well as to care for its growing geriatric population with its own special needs. JWV commends the VA policy that permits Guard and Reserve veterans of designated military campaigns to have initial access to VA health care without regard to a priority group determination; that is, they are nominally assigned to Priority Group 6 during the first two years of their care in a VA facility. JWV strongly recommends that the Committee ensure the health care needs of returning veterans be fully funded, including any needed upgrades for specialty care services such as family counseling and clinical services for PTSD.

Over the past 20 years, the VA has quietly transformed its medical care system from a substandard collection of hospitals and homes to an integrated health care system of excellence that leads private and other government health care providers in almost every measure. The quality of care that is provided through the VA health care system is exemplary. However, the quality of care is irrelevant when access to that care is impeded.

Today, there are nearly 26 million veterans. As more choose to use VA as their primary health care provider (over 8 million veterans enrolled or waiting to enroll), the strain on the system continues to grow. JWV fully supported the enactment of Public

Law 104-262, the Veteran's Healthcare Eligibility Reform Act that opened enrollment in the VA health care system. Many veterans recognize that VHA provides affordable, quality care that they cannot receive anywhere else.

The astronomical growth of Priority Groups 7 and 8 veterans seeking health care at their local VA medical facility has resulted in over 300,000 veterans being placed on waiting lists regardless of their assigned Priority Group. FY 2003 saw the suspension of enrollment of new Priority Group 8 veterans due to this growth in enrollees. JWV does not agree with the decision to deny health care to veterans simply to ease the backlog. Denying earned benefits to eligible veterans does not solve the problems resulting from an inadequate budget.

Over the last several years, VHA has struggled to provide quality care while staying within severe budget constraints. These budgetary uncertainties create problems within VA's health care system. Future spending projections, staffing levels, equipment purchases, and structural improvements are all stalled if the funding is not a certainty.

In an effort to provide a stable and adequate funding process, JWV supports mandatory funding for veterans' medical care, as well as Medicare reimbursement for VA facilities.

### **REPEAL OF SUSPENSION OF PRIORITY GROUP 8 VETERANS**

Resolving Priority Group 8 Access and Funding. More than a year ago, the VA announced a plan to establish a "Medicare + Choice" plan for certain Medicare-eligible veterans with no disabilities and incomes above a zip code-based means test – Priority Group 8 veterans. If Medicare access standards were to be met for the Medicare + Choice plan participants, then the VA should be resourced to meet the same standards for all other enrollees. JWV continues to support allowing all Medicare-eligible veterans to be able to choose the VA as their Medicare provider for non-service connected care.

JWV believes that VA Medicare Subvention will save the government money, enhance access to care for our nation's older veterans, and enable the VA to improve the coordination of care for these veterans. JWV recommends the Committee support adequate funding for the VA Medicare + Choice plan. JWV continues to support Medicare reimbursement for non-service connected care for all enrolled Medicare-eligible veterans.

In passing the Veteran's Health Care Eligibility Reform Act of 1996, P.L. 104-262, Congress required VA to furnish hospital care and medical services to, among others, any veteran with a compensable service-connected disability or who is unable to defray the expenses of necessary medical care and services. It further authorized the VA, with respect to veterans not otherwise eligible for such care and services, to furnish needed hospital, medical, and nursing home care.

The overwhelming response from the veteran population was largely unanticipated and drastically under funded, leading to the backlog of veterans waiting to receive care at the VA. In an effort to reduce that backlog, Secretary Principi suspended enrollment of Priority Group 8 veterans. JWV strongly opposes this decision and calls for the repeal of the suspension of enrollment for Priority Group 8 veterans.

### **THIRD PARTY REIMBURSEMENT AND MEDICAL CARE COLLECTIONS**

#### **FUNDS**

Public Law 105-33, the Balanced Budget Act of 1997, established the VA Medical Care Collections Fund (MCCF) and requires that amounts collected or recovered after June 30, 1997, be deposited into this fund. The MCCF is a depository for collections from third party insurance, outpatient prescription co-payments and other medical charges and user fees. The funds collected may only be used for providing VA

medical care and services and for VA expenses for identification, billing, auditing and collection of amounts owed the Government.

Technically, the MCCF is not considered a Treasury offset because the funds collected do not actually go back to the MCCF treasury account, but remain within VHA and are used as operating funds. Instead, in developing a budget proposal, the total appropriation request is reduced by the estimate for MCCF for the fiscal year in question. We fail to see the difference in the net effect to the VISNs and VAMCs. Offsetting estimated MCCF funds largely defeats the purpose of realigning VHA's financial model to more closely approximate the private sector. JWV adamantly opposes annual VA discretionary funding by the MCCF recovery.

Implementation by VHA of the Revenue Cycle Enhancement Plan has had a dramatically positive effect on the amount of revenue collected. Resuming in early FY 2002 it has resulted in significantly higher receipts than projected; so much so that VHA recently doubled the amount expected in FY 2004 from \$1.3 billion to 2.1 billion. However, any system can stand improving and agency models are available that clearly illustrate the efficiencies that can be gained through practical application.

JWV is pleased with the progress in collections that VHA has made in two short years. With continued improvement, MCCF should become a substantial portion of VHA's operating revenue in the near future. JWV supports pending legislation requiring Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs) to consider VHA a network provider or preferred provider, respectively. This legislation would prevent HMOs and PPOs from using the lack of a participating network or preferred provider agreement as the basis for non-payment to VA for services for other than urgent conditions.

## **MEDICAL AND PROSTHETICS RESEARCH**

The Department of Veterans Affairs (VA) Medical and Prosthetic Research Service has a history of productivity in advancing medical knowledge and improving health care not only for veterans, but all Americans. VA research has led to the creation of the cardiac pacemaker, nicotine patch, and the Computerized Axial Tomography (CAT) scan, as well as other medical breakthroughs. Over 3800 VA Physicians and scientists conduct more than 9,000 research projects each year involving more than 150,000 research subjects.

The VA Medical and Prosthetic Research budget has not kept pace with inflation during the past 15 years. It is essential that Congress and the Administration support strong medical and prosthetic research programs within VA so that veterans and all citizens continue to benefit from the exceptional research capability of the Department.

JWV supports adequate funding for VA biomedical research activities. Congress and the Administration should encourage acceleration in the development and initiation of needed research on conditions that significantly affect veterans – such as prostate cancer, addictive disorders, trauma and wound healing, post-traumatic stress disorder, rehabilitation, and others – jointly with the Department of Defense (DoD), the National Institutes of Health (NIH), other Federal agencies, and academic institutions.

## **POST TRAUMATIC STRESS SYNDROME**

JWV asks the Congress to support immediate improvements and enhancements in programs for veterans with post-traumatic stress disorder (PTSD).

This is especially important as military personnel are returning from service in Iraq and Afghanistan. In many cases, current PTSD programs are barely able to meet the chronic needs of veterans already in the system.

The VA needs to make substantial enhancements in the services currently available to treat veterans with PTSD and also must provide network coordinators and sufficient other staff to ensure that these veterans are able to obtain needed care.

JWV asks that the VA Under Secretary for Health provide plans to correct internal inconsistencies in data reported to Congress on its mental health programs; coordinate with the Department of Defense (DOD) to identify a plan for transferring timely data to ensure VA can adequately plan for returning troops; ensure VA networks' success in implementing the new clinical practice guidelines for PTSD developed with DOD; and expand access to services for veterans with PTSD.

### **LONG-TERM CARE**

VA spent close to \$3.3 billion on long-term care in FY 2002. Over the next 10 years, demand will most likely increase due to the aging of the veteran population. VA estimates that the number of veterans most in need of long-term care, those veterans 85 and older, will more than double to about 1.3 million in 2012. Yet, even with these numbers, veterans' long-term care needs and projected growing demand has yet to be addressed in the Draft National CARES Plan (DNP).

### **HEPATITIS C**

Hepatitis C is an emerging national health crisis. There is an increased prevalence of Hepatitis C and associated health problems within the veteran population. According to the 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.

JWV was pleased with VA's initial response, in terms of their pro-active approach to Hepatitis C education, outreach, testing, and treatment efforts. However,

earlier in this fiscal year, citing the lack of sufficient funds to meet the increased demand for all types of VA care, VA has begun to seriously scale back its Hepatitis C outreach and treatment programs. VA has, in fact, begun to discourage the testing of veterans who may be at risk for Hepatitis C and are even turning away some veterans who test positive, because they are not accepting new enrollments and the costs associated with current treatment regimens is so high. This policy is unacceptable to JWV.

Even though VHA is being forced to curtail many of its Hepatitis C initiatives, it is continuing internal education efforts directed at VHA health care providers and patients. It is continuing to develop data from ongoing screening of veterans' health records. To the extent possible, VHA is utilizing the latest treatment modalities, which have shown promising results. There are also a number of recently initiated research projects underway to learn more about the risk factors associated with this virus.

JWV believes that, in addition to its budgetary responsibilities, Congress has a legislative role in responding to the Hepatitis C challenge.

### **GULF WAR ILLNESS**

JWV continues to actively support Gulf War Veterans and their families, as it has since August 1990.

Congressional oversight is needed to ensure that additional information identifying involved personnel or units for the locations already known by VA is released by DOD as well as all relevant information pertaining to other locations that have yet to be identified. Locating this information and providing it to VA must be a priority. Delaying the disclosure of this information delays the delivery of earned benefits to deserving veterans.

Now, it is up to the Congress to make sure VA is directed to ensure that these urgently needed studies take place and are carried out by independent scientists with

Institute of Medicine participation. The studies require both funds and assurance of ready access to the military personnel records and histories if this long overdue debt to our Vietnam veterans is ever to be paid.

Since GAO's investigation clearly invalidates DOD's modeling efforts as well as the usefulness of any future efforts, and the number of troops exposed to nerve agents is likely much greater than estimated by DOD, JWV urges that a presumption of exposure be granted for every service member in the region at the time of the demolitions.

### **CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES (CARES)**

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. The transformation occurring in the delivery of health care far outpaced VA's ability to make infrastructure changes. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day of underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. The Capital Asset Realignment for Enhanced Services (CARES) plan was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in

projecting long-term care, domiciliary, and outpatient mental health care needs into the future, specifically to 2012 and 2022, these very important health care services were omitted from the CARES planning. An extensive look, such as that proposed by the CARES initiative, cannot possibly be accomplished when an assessment of need for those services is missing from the process.

### **VETERANS BENEFITS ADMINISTRATION**

Disability Claims Backlog and Process Improvement. JWV commends the Veterans Benefits Administration for substantial progress in reducing the unacceptably high numbers of backlogged disability claims. VBA recently announced that it had reached a steady state of 250,000 claims in progress. There have been some notable improvements in the average time to process an initial claim. That being said, JWV believes that more can and must be done to continue the progress made to date and to prevent against slippage. JWV believes the key to sustained improvements in claims processing rests on adequate funding to attract and retain 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 in order to sustain ongoing improvements in reducing the claims backlog.

Restoring Selected Reserve GI Bill Benefits (Chapter 1606, Title 10 USC). More than 350,000 National Guard and Reserve service members have been mobilized since September 11, 2001, and many thousands are now preparing to deploy to Iraq. Many of these troops are part or full time students, but their benefits have not kept pace, proportionately, with recent increases in basic education benefits under the Montgomery GI Bill (MGIB) authorized in Chapter 39, Title 38 USC.

JWV recommends that the Committee support staircase increases to the Reserve MGIB authorized under chap. 1606, Title 10 USC, in three increments of \$77 over the next three years to restore proportional parity with basic MGIB benefits. For the longer term, JWV believes that the Reserve MGIB authority, other than the Reserve “kickers” authority, should be incorporated into Title 38.

Over the years, Congress has established a system of laws that provides veterans and their survivors a spectrum of the services and benefits earned by virtue of the veteran’s service in the Armed Forces of the United States. Since 1938, VA has had the responsibility of implementing these laws in a pro-claimant, informal, ex parte, and nonadversarial manner. JWV continues to closely monitor the programs and policies of the Veterans Benefits Administration (VBA) and assess whether or not these are truly meeting the needs of veterans and their families.

Over the course of FY 2002 and FY 2003, VBA has been able to make notable progress toward realizing Secretary Principi’s often stated goal of the reducing the number of pending cases down to 250,000 and cutting the average processing time down to 100 days. This has been a major challenge for VBA. In March 2002, at its peak, the regional offices had a backlog of over 423,000 cases which required rating action. Of these, 40 percent were over six months old. There were another 147,000 cases in which some other type of action was pending. In addition, there were approximately 107,000 pending appeals, which included over 22,000 cases that had been remanded by the Board of Veterans Appeals. In human terms, thousands of these sick and disabled veterans or the survivors were waiting a year or more for a regional office to make a decision on their claim. If the claim was denied and the pursued an appeal, their wait could extend another two to three years or more. Such delays caused increased stress as well as serious financial hardship. Recognizing the fact that many of these backlogged claims were from elderly veterans, one of the Secretary’s first service improvement initiatives was the

establishment of the Tiger Team at the Cleveland VA Regional Office. This unit has been primarily responsible for expedited action on claims of older veterans, particularly those aged 70 and older, whose cases have been pending for a year or more.

It is clear that there has been a dramatic reduction in the claims backlog in the past year or so. This decline means that regional offices are taking less time to adjudicate claims than in the past. Last year at this time, there were some 358,000 claims waiting final action. Of these, almost 36 percent were over 6 months old. At the end of August, VBA reported there were about 265,000 pending claims and, of these, about 20 percent are over 6 months old. The average processing time has been reduced from 224 days in June 2002 to about 160 days.

The lack of proper and appropriate action on thousands of claims continues to result in a high level of claimant dissatisfaction and a steady influx of new appeals to the regional offices. There are now over 134,000 pending appeals with some 111,500 requiring adjudicative action. Even though there is a concerted effort to resolve appeals at the regional office through the Decision Review Officer program, most of these cases will eventually go to the Board of Veterans Appeals for a final decision on the merits of the claim.

## **ENVIRONMENTAL EXPOSURES**

### **AGENT ORANGE**

It is now more than thirty two years since that last Agent Orange mission was conducted in Vietnam and the Nation has still not lived up to its responsibilities for finding out the extent of damage to Vietnam veterans caused by the herbicides and then in doing its duty to assist them and their families. This nation has a moral obligation to provide quality health care to all of these veterans.

## **ASBESTOS**

The Jewish War Veterans of the U.S.A., does not believe the current asbestos resolution process serves the best interest of America's veterans. The process is clearly broken; therefore, the status quo, i.e., resolving asbestos related claims through the courts within the frame work of existing tort law, is no longer acceptable to us. We support a Trust Fund solution to this problem and encourage you and your colleagues to work for passage of legislation that would put a Trust Fund solution in place.

Mr. Chairman, veterans suffering from asbestos related illness should not be forced to remain mired in a system that does not work. Many veterans do not receive timely resolution-or adequate compensation-despite years of waiting for their claims to be adjudicated. Further, the insidious, debilitating and deadly diseases associated with asbestos exposure result in high morbidity and many die before they have their day in court. Justice delayed is truly justice denied. These delays must end.

Senate Bill 1125 (S-1125), designed to create a fair and efficient system to resolve asbestos claims, provides the framework for an acceptable Trust Fund solution to the asbestos problem. We therefore support this legislation. However, as you and your colleagues flesh out the final details of the bill, I encourage you to seek input from Veteran service organizations, concerned veterans and the Department of Veterans Affairs. This legislation is important to America's veterans and I urge you to include them in the process and address their legitimate concerns.

## **CONCURRENT RECEIPT**

JWV continues to support concurrent receipt legislation as originally proposed by Congressman Mike Bilirakis in H.R. 303, which authorized full concurrent receipt of military retired pay and VA disability compensation. The FY 2004 National Defense Authorization Act provides for a ten-year phase out of the disability off-set for retirees

with disabilities of 50 percent or greater, who otherwise could have retired without a disability.

It also expanded Combat Related Special Compensation (CRSC) eligibility to retirees with twenty or more years of service and any combat or operations related VA disability rating of ten percent or higher.

JWV will continue to support and work to restore earned retiree pay to those with disability ratings lower than 50 percent.

### **MEETING THE SPECIAL NEEDS OF WOMEN VETERANS**

The Jewish War Veterans of the USA recognizes that there are service-related problems unique to the woman veteran. The JWV supports the allocation of VA resources to fund women's centers at all major VA medical facilities and specially trained medical professionals at each veteran's outreach clinic.

### **COUNTING OF SERVICE MEMBERS' BALLOTS**

The Jewish War Veterans of the USA reiterates its long-standing position that the ballots of all service members voting by absentee ballot must be counted in any election where the service member participates in the election process. It is idiotic that a service members' ballot is not counted because there is no postmark on an envelope of a service members' ballot because the member was stationed in a postage-free hostile combat area. Local election officials must not be permitted to defeat the democratic process because of their own ignorance.

## PROJECT 112 / PROJECT SHAD

In June 2003, DOD completed its nearly three year investigation of Project 112, an extensive series of land based tests conducted between 1962 and 1973 to determine the vulnerability of U.S. military personnel to biological and chemical warfare attacks, and Operation Shipboard Hazard and Defense (SHAD), the shipboard portion of Project 112. On August 14, 2003, DOD, as required under Public Law 107-314, submitted its report on the completion of all activities associated with its investigation on Project 112/SHAD to Congress.

Although DOD's Deployment Health Support Directorate will continue to respond to questions and concerns regarding Project 112/SHAD and will investigate any new information brought to its attention in the future, JWV is concerned about the completion of the active investigation. DOD noted early in its investigation that some Project 112/SHAD files had been destroyed. Records are not available electronically; they were in boxes uncategorized and there was no standardization in the manner the reports were maintained by the respective participating military branches. DOD also noted that the term SHAD was not universally used to categorize the tests and it does not appear that DOD can guarantee that there were not other tests referred to by another name that were part of the same series.

DOD investigators reported that the Desert Test Center had planned 134 tests for Project 112 and SHAD combined. According to DOD, although 134 tests were planned, only 50 were actually conducted and 84 were cancelled. These tests were conducted in the open seas of the Atlantic and Pacific, as well as on land in Alaska, Hawaii, Maryland, Florida, Utah, Georgia, Panama, England, and Canada. Fact sheets were prepared for all tests that were actually conducted and DOD identified 5, 842 participants and forwarded the names to VA for notification. When located, VA informs the veterans by letter of the test they participated in and also encourages them to visit a VA medical facility if they

have any health concerns. In 2002, VA requested IOM to conduct an epidemiological study to determine if veterans are suffering from long-term health problems related to their participation in Project 112/SHAD. This study is scheduled for completion in fall 2005.

Although DOD has completed its active investigation of Project 112/SHAD, the possible effects of long-term health problems are still largely unknown and the completion of the IOM study is at least two more years down the road. In the meantime, ill veterans claiming service connection for disabilities they believe are related to their involvement in Project 112/SHAD are being denied compensation benefits at an alarming rate. VA has been tracking Project 112/SHAD-related disability claims since July 2002. According to the Veterans Benefits Administration, (VBA), as of August 1, 2003, 275 service connection claims had been received from veterans alleging disabilities due to exposure to agents/substances while participating in Project 112/SHAD.

In the time it takes VA to locate and notify Project 112/SHAD participants identified by DOD, the number of ill veterans seeking health care and compensation from VA will increase. DOD may have ended its investigation but the ramifications of Project 112/SHAD will remain indefinitely. Thus, it is extremely important that Congress continue its oversight of this issue to ensure that Operation 112/SHAD veterans are not abandoned now that DOD concluded its active investigation.

### **FILIPINO VETERANS**

“Great progress was made in 2003 for Filipino War II Veterans with the passage of legislation that improves health care and compensation for Filipino World War II veterans legally residing in the United States. The Jewish War Veterans applauds these actions and urge Congress to pass further legislation that continues to live up to the

promise made to Filipino World War II soldiers when they were drafted into service by President Franklin D. Roosevelt.

The 2003 legislation has addresses many of the concerns of Filipino veterans who live in the United States. But what about the veterans living in the Philippines? They, too, fought side-by-side with the American soldiers in the now famous battles of Bataan and Corrigidor. They, too, suffered on the Bataan Death March and in prisoner of war camps. The Department of Veterans Affairs is sending medical equipment and supplies to the veterans' hospital in Manila, but tat is the only recognition of the needs of the Filipino veterans who are living in the Philippines.

The Jewish War Veterans of the USA supports passage of H.R. 677, the "Filipino Veterans Equity Act", which restores all benefits to all Filipino World War II veterans, benefits that were taken away by Congress in the Rescissions Act of 1946. These include, among others, health care, old age and disability benefits for each and every Filipino veteran."

### 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 thousands of 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 has passed.

On Friday, January 13, 2004, members of JWV led by PNC Bob Zweiman, participated in the funeral of Major Irwin Lerner, USAF, who had been mission in action since 1972. Through the effect of a genealogist, and with the use of modern DNA

techniques, Major Lerner's remains were accounted for after many years. Irwin Lerner was an electronics warfare Officer on a B-52 mission. He left behind a wife and three children, ages 7, 5 and 2.

The Jewish War Veterans of the USA is extremely proud of this air force officer and his service and sacrifice to our country.

## **COMPENSATION OF AMERICAN PRISONERS OF THE JAPANESE**

### **IMPERIAL FORCES**

Many Americans, combatants and non-combatant, were forced to work as slaves in Japanese factories, brothels, mills etc. As a result of various treaties between Japan and the United States, these individuals are barred from seeking proper redress and compensation from Japan. Therefore, the Jewish War Veterans of the USA calls upon Congress to establish a Compensation Review Board to review individual cases of forced servitude and, if appropriate, authorize just and proper compensation and supports the suits by individuals against Japanese corporations which had a pecuniary interest in the use of slave laborers.

### **HOMELESS VETERANS**

JWV has been committed to assisting homeless veterans and their families for a number of years. JWV applauds the efforts of the 108<sup>th</sup> Congress in improving the lives of homeless veterans. The FY 2004 budget request shows increased funding for the Homeless Veterans Reintegration Program (HVRP). The HVRP program is an employment initiative with strong ties to the local communities. Providers operate veteran-specific programs that reach veterans with histories of intertwined post traumatic stress disorder (PTSD) and substance abuse. HVRP grantees have placed hundreds of veterans in good jobs, with twice the record of job retention expected. HVRP has the

potential for eliminating chronic homelessness among our nation's veterans. It covers myriad initiatives that address prevention, housing, counseling, treatment and employment for veterans transitioning out of homelessness.

Homelessness in America is a travesty, and veteran's homelessness is disgraceful. Left unattended and forgotten, these men and women who once proudly wore the uniforms of this nation's armed forces and defended her shores are now wandering her streets in desperate need of medical and psychiatric attention and financial support. While there have been great strides in ending homelessness among America's veterans, there is much more that needs to be done. We must not forget them.

#### **NATIONAL CEMETERY ADMINISTRATION (NCA)**

VA's National Cemetery Administration (NCA) is comprised of 120 cemeteries in 39 states and Puerto Rico as well as 33 soldiers' lots and monuments. NCA was established by Congress and approved by President Abraham Lincoln in 1862 to provide for the proper burial and registration of graves of Civil War dead. Since 1973, annual interments in NCA have increased from 36,400 to over 84,800. Annual burials are expected to increase to more than 115,000 in the year 2010 as the veteran population ages. Currently 59 national cemeteries are closed for casket burials. Most of these can accept cremation burials, however, and all of them can inter the spouse or eligible children of a family member already buried. Another 22 national cemeteries are expected to close by the year 2005, but efforts are underway to forestall some of these closures by acquiring adjacent properties.

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. At the rate that

Congress is funding this work, it will take twenty-eight years to complete. JWV supports the newly appointed Under Secretary for Memorial Affairs in his goal of completing the NCA's National Shrine Commitment in five years. This Commitment includes the establishment of standards and appearance for national cemeteries that are equal to the standards of the finest cemeteries in the world. Operations, maintenance and renovation funding must be increased to reflect the true requirements of the National Cemetery Administration to fulfill this Commitment.

JWV urges Congress to provide sufficient major construction appropriations to permit NCA to accomplish its mandate of ensuring that burial in a national cemetery is a realistic option 90% of our nation's veterans.

### **BURIAL BENEFITS**

JWV supports restoration of a veteran's burial allowance for wartime veterans, along with restoration of the pre-1990 Omnibus Budget Reconciliation Act criteria to provide eligibility for a government furnished headstone or marker allowance and restoration and increase of the burial plot allowance from \$300 to \$600.

JWV further supports pending legislation which would increase the burial allowance from \$330 to \$1135 for compensably service connected and indigent veterans and to \$3712 from \$2000 for veterans who die of a service connected condition. This legislation would restore the intent of Congress to pay 22% and 76%, respectively, of the cost of an average funeral and would tie the allowances to the Consumer Price Index, thereby eliminating the need for periodic legislative increases.

JWV opposes any attempt to collect "User Fees" for burials in any national or state veteran's cemetery. JWV supports action to provide that when an eligible veteran dies in a state veterans hospital or nursing home, VA shall pay for the cost of transporting the remains to the place of burial as determined by VA.

## CONCLUSION

JWV greatly appreciates the efforts of your Committees in authorizing veterans' health care, benefits and programs for the entire veterans' community. The bipartisan cooperation exhibited by your Committees is a welcome change to the seemingly endless political wrangling that too often impedes the legislative process.

As young American Service members are once again answering the nation's call to arms in every corner of the globe and dying in Iraq almost every day, JWV continues its proud tradition of securing the earned entitlements of those brave men and women. Proposals continue to be introduced that seek to balance the Department of Veterans Affairs (VA) budget on the backs of America's veterans both old and new. Additionally, in an attempt to curb spending and control the overwhelming backlog of veterans seeking health care at VA facilities, the Secretary suspended enrollment of Priority Group 8 veterans. JWV does not believe that rationing health care to America's veterans is the solution to the current crises within VA.

Messrs. Chairman and Members of these Committees, JWV appreciates the fine work and dedication you have demonstrated throughout the year to facilitate improvements in the many programs that affect the health and welfare of the nation's veterans and their families. At a time in our nation's history when thousands of U.S. Servicemembers are fighting to protect the freedom of this great country, it is within your power to ensure that their sacrifices are indeed honored with the thanks of a grateful nation.

Thank you for granting me the opportunity to appear before you today.

