

**Statement  
Of  
VIETNAM VETERANS of AMERICA**

**Submitted by**

**Thomas H. Corey  
National President**

**Accompanied**

**By**

**Richard Weidman,  
Director of Government Relations**

**Avery Taylor  
Chair  
Government Affairs Committee**

**Bruce Whitaker  
Chair  
Veterans Affairs Committee**

**Before the**

**House and Senate  
Veterans' Affairs Committees**

**Regarding**

*Legislative Agenda and Policy Initiatives*

**April 14, 2005**

Mr. Chairmen, Ranking Members, and other distinguished members of these vitally important committees, on behalf of the membership of Vietnam Veterans of America (VVA), I am pleased to submit to you VVA's legislative agenda and policy initiatives that reflect the concerns of our members and their families. VVA depends on each of you to help carry our message to your colleagues on both sides of the aisle, to the Budget Committees, and to the Appropriations Committees. I appreciate the opportunity to provide our views at this time. I will briefly summarize our priorities and ask that the full written statement be included in the record of this hearing.

**Fullest Possible Accounting of Our POW/MIAs**

As always, Mr. Chairmen, the highest priority of VVA is the fullest possible accounting of our POW/MIAs. VVA continues to advocate, with the Defense Prisoner of War/Missing Personnel Office, for increased resources to deploy additional search teams in Vietnam, Cambodia, and Laos as well as Korea many other countries where we still have unaccounted-for service personnel. Chairman Buyer, you will recall that VVA recognized your leadership on this issue of importance to all Americans with an award in 1998. We look forward to working closely with you on this issue, particularly with regard to support for the Veterans Initiative program.

**VVA's Primary Legislative Priority Is Fully Funding /Veterans Health Care Activities**

Chairman Craig, we want to thank you publicly for your strong efforts in the Senate concerning making more funding available for the VA health care system, as well as for the state veterans homes and VA nursing homes. Chairman Buyer, we thank you for your support of funding for state veterans homes as well. VVA looks forward to working side by side with you on this vital issue. Without sufficient resources, the health care system cannot meet the needs of our veterans for quality health care. We also look forward to working closely with you on a full range of issues vital to the well being of veterans and their families. VVA thanks all Senators and Representatives who have supported full funding.

The chief legislative priority for all VSOs is two-fold: First, we want sufficient funding for the medical programs of the Veterans Health Administration for the next fiscal year. What has been proposed is at least \$4.1 billion too little, by any measure. And second, because the VA cannot accomplish its mission with inadequate funding, we advocate a new annual funding mechanism that will ensure a sufficient and sustainable funding stream to enable the VA to properly care for veterans who depend upon it.

By "sufficient" we mean funding that at least matches the per capita funding increases for Medicare patients. Funding that takes into account annual medical inflation. Funding that guarantees the VA a reliable, predictable, consistent funding stream every

fiscal year that enables the VA to provide quality care for veterans. Judged by this standard, citing 1996 as the base year, the budget for the Veterans Health Administration for FY 2006 should be about \$42 billion in appropriated taxpayer dollars.

**The Shameful Assertion That Caring for Veterans  
"take[s] away from the nation's ability to defend itself"**

Care for our fellow citizens who have served America in the military must be considered part of the cost of the national defense. Those of us who have suffered the exigencies of military service are weary of hearing empty praise for our troops, the brave, young men and women deployed in Afghanistan and Iraq. Why? Because when they come home, some of them physically broken, too many of them mentally or emotionally shattered, we hear that these newly minted veterans and military retirees are somehow draining the national treasury. Some key public officials who should know better, such as the Undersecretary for Personnel and Readiness for the Department of Defense, who told *The Wall Street Journal*, that veterans are "taking away from the nation's ability to defend itself." This is absurd. This is wrong. This is shameful. The Undersecretary owes all veterans and their families an apology. He particularly owes an apology to the "survivors" he criticized as costing too much, especially the children who will grow up without their father or mother. We are disappointed and surprised that the Undersecretary has not disavowed or backed away from this statement. We are even more disappointed that neither the Secretary of Defense nor the White House has disassociated themselves from these remarks.

**New War Veterans Are Being Created Daily**

I know that many, if not all of you here today, as well as many of your colleagues, have visited the patients who are Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) returnees, and others injured or ill as a result of their military service, at Bethesda National Naval Medical Center or Walter Reed Army Medical Center or visited OIF/OEF returnees, at a military hospital or a VA facility in your home state. Most of you here today have some idea of the trials and dangers of military service. We know that most of you sympathize and try hard to understand the needs of veterans. Most Americans, and many of your colleagues, are not intimately acquainted with the sacrifices made by those who have donned the uniform and placed themselves in harm's way to defend the Constitution and the liberties we hold dear. It should be clear to all who have visited with wounded service members that even training for war can sometimes be dangerous. The resources simply must be there to properly care for them all. We leave no veteran behind.

**Confront Backdoor Machinations Seeking to Constrict Veterans Benefits**

Like our colleagues, we are simply asking that you institute a new mechanism to guarantee sufficient and consistent funding for veterans health care. The federal budget

cannot and should not be balanced by taking away what veterans have earned by virtue of their service to our nation. If it is the will of the American people to constrict the benefits to which veterans are statutorily eligible, then VVA challenges the Congress here and now: Propose, introduce, hold public hearings and debate the question of whether Americans want to limit access for “certain” veterans who fulfilled their military duty to country yet are now deemed to be unworthy of access VA health care. If serving in the military for one term of enlistment was not such a big deal, as some editorial writers safely ensconced behind their keyboards in comfortable offices with good salaries contend, how is that so many of them, as well as so many others, did not serve on active duty? VVA urges Congress to not let eligibility be constricted and restricted by backdoor machinations. Let us be open and honest in this process.

### **Increases Don't Keep Pace With Medical Inflation or Need**

The Administration has touted the increases it has called for, and the (considerable) increases you and your colleagues have seen fit to grant over and above the administration's request in the past four years to fund the operations of the Department of Veterans Affairs. It is true that in President Bush's first term, appropriations for veterans' affairs increased by more than 40 percent. Yet these increases have failed to keep pace not only with medical inflation but also with the increased demand for services by veterans in every so-called “priority-group” veterans statutorily eligible for care and treatment by the VA. On a per capita basis, veterans lag behind—and are lagging further and further behind each year—recipients of Medicare. This is unconscionable. We refer you to the VVA White Paper issued two years ago on this subject. Nothing has changed since that time – except that the funding base for VHA has been further eroded.

### **Nothing Temporary About 20 Year Plans to Exclude More Than a Million Veterans**

In the President's budget proposal, we see the writing on the wall. The “enhanced restraint” discussed by OMB in testimony in February before the House Budget Committee bodes ill for veterans. This “restraint” eliminates, on paper, more than one million veterans from the VA health care system. One million veterans: men and women categorized as Priority 7 and 8 veterans, who have no service-connected disabilities but whose economic fortunes may be teetering or who do have service-connected disabilities but are rated as 0 percent compensable. Please note that these men and women generate some 40 percent of the third-party reimbursement to VA coffers. They served our country honorably and are statutorily eligible for care and treatment by the VA. This is not a temporary exclusion to relieve short-term pressures on the VHA system. This is a planned exclusion in VA planning documents extending out for the next 20 years

Because of the vagaries and inequities of the compensation adjudication system, the question of service connection is often much more dependent on where one lives and whether one is fortunate enough to have a skilled service representative to prepare and

argue one's case than on the malady, illness, accident, or injury that stems from exposures or incidents that occurred in military service. Many veterans are ill as a result of exposures they are not aware they experienced in the military, such as the various chemical warfare agents, biological warfare agents, and "simulants" to which many were exposed, and which the Department of Defense continues to hide under the phony guise of "national security."

### **The Effort to Rid the VA Rolls of "Affluent" Veterans**

We have seen the attempt to rid the VA rolls of "affluent" veterans not only in VA long-term strategic planning documents, but also in a February 7 press release that attempted to put a rosy spin on the \$70.8 billion budget request for that agency's operations. No fewer than five times is it noted therein that with the funding provided in the President's proposal the VA "will be able to care for those veterans who count on VA the most." This is dishonest and does a distinct disservice to veterans. This is a blatant attempt to circumvent the law and the will of the American people.

We have also heard statements that VA should only focus on making sure the poorest and most severely injured veterans continue to receive "free" medical care from the Veterans Health Administration. It has been alleged that "affluent," uninjured veterans currently exploit the low-cost health care system, and that if changes are not made, the quality of care at VHA could suffer. First, VVA notes that care at the VHA medical system is not "free," but has been pre-paid by virtue of military service. Additionally, veterans "co-payments" that are not an inconsiderable source of income to VHA. Most telling, by whose measure is earning \$25,000 a year considered affluent anywhere in America, much less in our high-cost metropolitan areas? How many of you in this hearing room today would like to raise a family in any metropolitan area in America on \$25,000 a year?

Chairman Buyer, VVA has always tried to avoid *ad hominem* exchanges. However, your public comments and statements in the past months have been taken by our members as a direct and personal attack on their honor and integrity, as a group and as individuals. The dollar difference between those who make more than \$25,000 a year but less than what might be considered "affluent" is very great.

Chairman Buyer, you have attacked veterans service organizations as self-serving and out of touch with their members. These remarks have been widely reported in the veterans' community and within our organization. It is not an exaggeration to say that our members are furious about what they see as an *ad hominem* attack on us as a group, and each of them as individual veterans who served their country. VVA has no wish to prolong this exchange, nor to deviate focusing on the needs of veterans, and not on parties, partisan politics, or personalities. We have no wish to engage in personal exchanges and remarks with anyone, much less elected Senators or Members of the House of Representatives, particularly those of you on the Veterans Affairs Committees.

VVA is keenly aware that many of you have the seniority to move to other committees, but that you choose to stay because of your strong commitment to veterans.

VVA encourages a free, open, and even intense debate on the issues of vital importance to veterans.

We also ask of the Executive branch: Where in statute does it say that the VA will serve a “core constituency” of “veterans who count on VA the most”? There is no citation in Title 38 of the United States Code. Indeed, if it is the belief of some that the United States narrow the parameters of eligibility of our nation’s veterans for VA services, then we would hope you will be open and forthright and move to change the law through open hearings and a national debate.

We have said this before and we’ll say it again: The cost of caring for those who served in the military is an integral part of the cost of the national defense. It is up to you, the members of the Congress who must agree on what programs and services are to take precedence in funding, to consider this—and honor this—as you deliberate the administration’s budget proposal. Caring for veterans is not a Democratic cause. It is not a Republican effort. It is an American issue, one that cuts across all party affiliations.

**Plastic Yellow Ribbons Don't Meet the Needs of Today's Service members**

Vietnam Veterans of America also calls for a national, coordinated plan to meet the needs of the men and women serving in the military today. The pretense that everything is just fine is not true, and does a disservice to those who have served us so well, and serve us now. There must be a comprehensive effort akin to what America did for World War II veterans from 1944 to 1949. It is time to hold a convocation of public officials, veteran’s organizations, recent returnees, and leaders from the private sector to fashion a truly comprehensive response to the needs of veterans today. Let us not distort and further injure and impede another generation of American veterans as happened to Vietnam veterans in the late 1960s and 1970s. Elements of such a plan must include halting efforts by the Department of Defense to pretend that PTSD is not a major problem, and discovering methods to address it. It must also include a real effort toward transition assistance that is meaningful in terms of meeting health care, employment, and small business assistance of returning active-duty veterans as well as mobilized National Guard & Reserve troops. Such an effort will give real meaning to what is otherwise the empty promise of plastic yellow ribbons.

**Specific Legislative Issues That Form the Core of Our Legislative Agenda**

VVA has certain very specific legislative issues that form the core of our legislative agenda. We would like to outline them for you now.

- **The Effects of the Flat-line Budget for Health Care.** Our main concern, obviously, revolves around the effects of the flat-line budget on the VA's medical programs. Most intolerably, if passed, this will eventuate lead to the banishment of 1,110,000 veterans from the VA health care system. It says so on page 2-16 of the Budget submission. This is not right. This usurps the covenant between the American people and those who wear the uniform to defend our Constitution. Furthermore, the administration's numbers do not compute, neither mathematically nor morally in terms of the nation's obligation to veterans. This is in many senses a make-or-break year when we can no longer continue to stress and strain the VHA medical system. We need to make assured funding a reality. If that is not the way that the majority wishes to proceed to make up for the diminished funding base during the second term of the last administration, then let us move to restore the base in increments over three to four years, outside of the increases through the normal budget process. We see no other options than these two or a combination of these two. However, the goal of restoring full funding must be met.
- **The \$230-\$500 "User Fee" is a Mistake.** The \$230-\$500 "user fee," if passed, will facilitate the exodus of veterans who can least afford it. Make no mistake: this is a tax. The VA estimates that some 213,000 currently enrolled veterans will not be able to pay this tax or will opt not to pay this tax, to the detriment of their health when they cannot afford private health insurance or medical care. Congress rejected a similar misguided proposal one year ago; we hope you will do the same this time around.
- However, without the user fee, what other programs will die or have to be cut further? As an alternative, we suggest that you enact legislation that would grant the VA authority to bill and retain third-party reimbursements from Medicare on behalf of Medicare-eligible veterans. Surely, the time for this has come. Much of the groundwork has already been done to prepare for a pilot program proposed by the administration two years ago. VVA strongly believes that mechanisms to further enhance and ensure accountability to effective and cost-effective service—must be an integral facet of any such program. VVA met with the most senior officials of the Office of Management and Budget (OMB) and proposed that we work together to increase accountability, even if it entailed changing some of the laws and regulations affecting senior grades. With the exception of the Honorable Mitch Daniels (now Governor of Indiana) in his closing days as Director of the OMB, there was no positive response to us on this issue of accountability. This is something that must be revisited. The proposal to eliminate all funding for VA

nursing homes and for state veterans homes was ridiculous, and not politically nor morally feasible, and the administration knew it.

- **The False Promise of “Management Efficiencies.”** The initial budget proposal cited an anticipated savings of some \$590 million in unnamed “management efficiencies” at the VA. You and your colleagues have, to your credit, dismissed this projected savings as the fantasy that it is. You have replaced it with a less fantastic figure of \$230 million, which we even doubt, can be made without further reducing vital staff. Still, what will these efficiencies entail? Do they mean laying off half the staff at VA’s headquarters? Deferring maintenance and capital improvements? More importantly, what will this mean as it trickles down to individual VA medical centers—in your state and in your district? We fear that this will lead to longer waits to be seen by primary care physicians and by specialists, a situation that reached crisis proportions last year in Florida and Washington.
- **Expand Mental Health Services To Address PTSD After the Trauma of Combat.** At the same time, the budget does not take into account the long-term needs of a new generation fighting today in hotspots around the globe. Too many of these men and women are returning to our shores with grievous, maiming injuries that will take years of treatment and rehabilitation. Many are returning with wounds that are not easily seen: One out of six troops returning reported, according to a study cited in the *New England Journal of Medicine*, that they were having difficulties in readjusting: Outbursts of anger. Trouble sleeping. A lack of ambition or incentive. Is the VA mental health apparatus able to provide them with the quality care they so desperately need? We fear not. Rather than continue to cut back on mental health staff, the VA needs qualified, committed clinicians to provide inpatient as well as outpatient PTSD and mental health treatment in all VAMCs, with resources allocated to meet the needs of the veteran population in each VISN. And because of their track record, we advocate that funding be specifically earmarked for additional staff to enhance the readjustment counseling programs at the 206 Vet Centers. In this realm, the VA should seek the authority to deliver clinical counseling regarding combat trauma and grief counseling to the families of veterans with combat trauma, including post-traumatic stress disorder. To accomplish this, we believe that the VA should establish a new position, Veterans Family Service Coordinator, to be stationed in each VA medical center and regional office.

- **DoD Noncompliance with the Law Requiring Pre and Post Deployment Health Examinations.** We cannot overstate the need for the Department of Defense to meet the mandate of the 1999 law to provide a full health examination, including the drawing of blood and a direct clinician encounter to take a psychosocial history, for all troops both prior to and after deployment overseas. DoD conveniently ignored the law when sending troops to Afghanistan and Iraq.
- **Slashing Funds for Long-Term Care Facilities Is Not a Solution.** With regard to long-term care facilities, another increasing need will be met by decreasing resources. A \$312 million slash in funding for nursing homes (including care for veterans in state extended care facilities) will result, according to top VA Officials, in some 5,000 fewer beds in the VA system. This only impacts the states and the families of veterans who urgently need this care. What will they do? Where will they go?
- **Flat-lined Funding for Medical Research and Development Is a Major Mistake.** The budget proposal flat-lines funding for medical research and development, which we believe is a major mistake. It is through research that we gain knowledge that we then turn into practical applications for veterans and for all of humanity. VVA strongly believes that the move toward directing much of VA research toward the wounds of war and other consequences of military service must be accentuated and enhanced. The VA can be justifiably proud of the fruits of its research over the past half-century. If the research budget is flat-lined or cut, top drawer researchers will leave, much to the detriment of the program—and those who reap the rewards of the research.
- **The Promise of the CARES Program Is Being Undercut.** When the endorsement of the CARES program by former Secretary Principi was announced, we were assured in a presentation in the Longworth House Office Building that this initiative would be funded to the tune of \$1 billion a year over the next five years. This was, we were told, guaranteed. Now we see funding cut to \$750 million. This might be the silver lining in an otherwise grim budget if the VA reworks what we see as a flawed formula on which the CARES model is based. Most veterans are not middle class. They present at VAMCs with far greater frequency than do most middle-class health consumers, a most salient fact not taken into account by the consultants to the CARES Commission.
- **Veterans of Iraq and Afghanistan Are Joining the Army of Homeless Veterans.** Because some 250,000 veterans across America are homeless every night, it is incumbent upon on all of us to do better, to shower them in light rather than hide their problems in darkness. While funding for programs to assist the homeless deal with the psychological and fiscal ills is not the only answer, it goes a long way toward providing some of the answers. We urge you to make full appropriations for HUD McKinney-Vento and HUD-VASH voucher programs;

Health and Human Services Projects for Assistance in Transition from Homeless programs; the VA Health Care for Homeless Veterans and the Department of Labor Homeless Veterans Reintegration program, which should be extended beyond 2006. And the provisions of Public Law 107-95, the Homeless Veterans Assistance Act of 2002, must be fully implemented and funded.

- **Needed Programs Are Likely to Fade, Shrink, or Disappear if Categorical Funds Are Dumped Into a Block Grant.** The ill-considered move by the administration to “block grant” the funds for the Disabled Veterans Outreach Program, the Local Veterans Employment Representatives, the Homeless Veterans Reintegration program, and all other veteran-specific funding to the states to use as they see fit will virtually eliminate any employment and training services for veterans in many states, as the already inadequate resources now available will disappear and these funds will be used for other purposes. This must not be allowed to become public policy.
- **Needy Gold Star Parents Require a Reasonable Pension or Annuity.** VVA endorses a reasonable pension or annuity for Gold Star parents who, in too many cases, do not have a son or daughter to help care for them in their late years. If we cannot take care of the Gold Star mothers, what does that say about us as a nation? In this vein, we advocate ending what we consider to be a patently unfair offset that currently affects some 52,000 survivors dually eligible to receive for both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC). Because SBP is taxable, survivors of disabled retirees see little or no SBP funds—despite having paid monthly premiums equal to 6.5 percent of their retired pay. In effect, these survivors pay taxes for having given the federal government a tax-free loan when they are refunded their SBP contributions. This is an inequity that can easily be remedied; we hope that you and your colleagues will see the wisdom of so doing.
- **Establish a Commission To Investigate What Really Happened to American Service Members in Programs to Test Chemical, Biological, and Mind-altering Substances.** Veterans whose health may have been compromised by exposure to toxic biological and carcinogenic chemicals tested as part of Project 112/Project SHAD (Shipboard Hazard and Defense) are living in limbo caused by the government’s recalcitrance to provide information as to what they may have been exposed to—in what concentrations and over what duration. Continuing to withhold this information on the pretext of “national security” does a disservice to those thousands of sailors, airmen, soldiers, and Marines who did what they were told to do, no questions asked. Now, 35 years later, when they are asking questions they are given few answers. These veterans deserve the information they need to pursue claims for care and compensation from the VA. And those public officials who withhold information must be held accountable for their actions. We call on Congress to unanimously pass a bill to be introduced by Rep.

Mike Thompson that would create and empower a commission to truly and fully investigate what may have been done to American servicemen as part of the testing of chemical, biological, and mind-altering substances.

- **Complete the Follow-up Study to the 1985 “Study of Female Veterans.”** To better ascertain the current status, demographics, needs, and experiences of women veterans, the VA must complete the follow-up study to the 1985 “Study of Female Veterans.” There has been no such comprehensive look at women veterans in recent years, while at the same time the number of women veterans, and their demographics and military experiences have changed dramatically. Because of what is now a much greater need than anyone anticipated for such care, we also recommend additional staff at VA Medical Centers to provide sexual trauma counseling. We also advocate convening a joint congressional, VA, and VSO task force to study the adequacy of compensation for service-connected mastectomies; and that a GAO study or congressional hearing be held concerning irregularities in the appointment and utilization of conservators for homeless and seriously mentally ill veterans.
- **Fund the National Vietnam Veterans Longitudinal Study so that There Will Be an Extensive Epidemiological Study of Vietnam Veterans.** To add to our understanding of the effects of exposure to Agent Orange, as well as to the knowledge of the long-term effects of PTSD and other neuropsychiatric wounds, VVA calls for immediate and full funding for the National Vietnam Veterans Longitudinal Study (NVVLS) that will be the first extensive epidemiological study of the men and women who served in Vietnam, building on the work done in the National Vietnam Veterans Readjustment Study 20 years ago. Vietnam veterans seem to be aging faster, and with more adverse health effects, than our non-veteran counter parts. This must be funded by the VA but conducted by an independent and respected research institution. This study was mandated by law in 1999, and was due to be delivered to the Congress this year. In fact, there is not even a contract in place to get it done. This study is urgently needed.
- **Provide Health Care and Compensation to Children Born with Birth Defects to Any Veteran or the Spouse of Any Veteran Exposed to Agent Orange.** Because of what we now know about the toxic effects of exposure to dioxin, we believe the VA should move to provide health care and compensation to children born with birth defects of any sort (not just spina bifida) to any veteran or the spouse of any veteran exposed to Agent Orange. VVA is of the opinion that the current evidence is sufficient so that the presumption of service-connection for exposure to Agent Orange should be expanded to so-called “blue water” Navy veterans who saw service within a defined distance from Vietnam and whose duties involved handling herbicides. We will have additional recommendations regarding Agent Orange and other toxic exposures that we will share with you in the coming months.

- **Hepatitis C Testing for All Veterans Treated at VA Facilities.** To combat the potential ravages of hepatitis C, which Vietnam-era veterans seem to be suffering in far greater numbers than their non-veteran cohort, all veterans who are treated at VA facilities should be tested for this insidious virus and, if found positive, be given medically appropriate treatment by VA or private practitioners. This testing should be done sooner rather than later, when lives can be saved, not lost. Similarly, we urge you to mandate that the VA move forward with all deliberate speed in establishing the protocols and program of transplantation services for veterans afflicted with the hepatitis C virus and with human immunodeficiency virus. HIV is now treated as a chronic disease, not as an automatic death sentence.
- **Develop Uniform Training Materials, Programs, and Competency-based Re-certification Exams for VSO Service Representatives.** To speed up and promote more uniform claims decisions, VA staff and VSO service representatives should collaborate to develop uniform training materials, programs, and competency-based re-certification exams. Although it is an issue with Department of Defense that affects service members when as they become veterans, regulations must be changed so that service members wounded in combat and placed on temporary disability status are considered as remaining on active duty for the purpose of computing leave and retirement benefits. This would right an inequity that possibly affects hundreds of veterans.
- **Better Coordination and Funding of Employment-related Services for Veterans Needed.** VVA thanks the House of Representatives for creating a new Subcommittee on Economic Opportunities in the House Veterans' Affairs Committee. VVA has long held that the goal of all veterans programs should be whether and how effectively they contribute to the greatest degree of autonomy and independence of the individual veteran. For most veterans of working age, that means providing whatever assistance is needed enable them to obtain and sustain meaningful employment at a decent living wage. That could be a job; it could be self-employment or a "micro-business," or it could mean starting and successfully operating a small business. VVA welcomed President Bush's Executive Order 13360 issued last October that directed all federal agencies to work harder to meet the "goal" of letting three percent of contracts to veteran-owned or-operated small businesses. Now it is up to the agencies to comply with the President's mandate. Those that don't must be sanctioned? So, too, must federally mandated contractor laws for the hiring, promotion, and retention of veterans be enforced with rewards or sanctions? Similarly, rewards for compliance and sanctions for non-compliance, whether by commission or omission, should be attached to statutes on Veterans' Preference. To assist veterans in need of gainful employment, work-skills training and development, employment support, job development and placement, and similar services need

to be better coordinated across federal and state jurisdictions—and be adequately funded to meet the needs of veterans who seek to be productive members of their communities. Similarly, the re-education and training of veterans seeking information-age jobs need to be properly funded and implemented, and self-employment programs expanded and enhanced.

- **Extend the Inclusive Dates for the Vietnam War and for Vietnam-era Veterans.** Statutes should be amended to extend the inclusive dates of the Vietnam War for in-country veterans from April 1, 1954, to December 31, 1975, and for Vietnam-era veterans from February 28, 1961, to December 31, 1975, for eligibility for VA benefits; and to adjust the dates of eligibility for the Vietnam Service Medal from August 5, 1964, to December 31, 1975.
- **Continue the fullest possible accounting of America’s POWs and MIAs and Authorize a National POW/MIA Recognition Day.** We urge that all documents pertaining to America’s POW/MIAs be declassified and released, in the United States and in Vietnam. And to appropriately honor our missing and our former Prisoners of War, we ask that the third Friday in September be designated “National POW/MIA Recognition Day,” to be observed by states and localities across the nation.

Mr. Chairmen, Ranking Members, and other distinguished members of the House and Senate, this may be the last time I come before you as National President of Vietnam Veterans of America. It is my deepest hope that you will heed our words and not be party to any attempt to marginalize those of us who have served our nation with honor

**VIETNAM VETERANS OF AMERICA  
Funding Statement**

**April 14, 2005**

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  
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(301) 585-4000 ext 127

***THOMAS H. COREY***

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

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

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

Corey has returned to Vietnam numerous times regarding our POW/MIAs and Agent Orange issues with successful results.

Corey was the first recipient of the Vietnam Veterans of America's Commendation Medal, VVA's highest award for service to veterans, their families, and the community. He is also a member of the Chapel of Four Chaplains and received their Humanitarian Award and Bronze Medallion.

Corey was the founding President of VVA Palm Beach County Chapter 25 in 1981. In 1991, the chapter was named the Thomas H. Corey Chapter at its tenth anniversary celebration. In 1985, he was elected to VVA's National Board of Directors. In 1987, he was elected VVA's national Secretary and was re-elected in 1989, 1991, 1993, and 1995 to that position. In 1997, he was elected VVA's national Vice President through 1999; in 2001 he was elected VVA President and was re-elected in 2003.

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

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

**RICHARD WEIDMAN**

Richard F. “Rick” Weidman serves as Director of Government Relations on the National Staff of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam war, including service with Company C, 23<sup>rd</sup> Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

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

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readadjustment Advisory Committee, the Secretary of Labor’s Advisory Committee on Veterans Employment & Training, the President’s Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on veterans’ entrepreneurship at the Small Business Administration, and numerous other advocacy posts in veteran affairs.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., (1967), and did graduate study at the University of Vermont.

He is married and has four children.

## **AVERY TAYLOR**

Avery Taylor serves the Vietnam Veterans in a volunteer capacity as the chairman of the National Government Affairs committee, a member of the National Public Affairs committee, and Secretary of Chapter 650, Catonsville, MD. He joined Vietnam Veterans of America in 1995 and is a life member. Mr. Taylor was drafted into the Army in 1966 and enlisted in the Army Security Agency for a four-year term. His overseas service included two years at Clark AFB in the Philippines as a Communications Center supervisor and one year as Methods and Results supervisor with 509<sup>th</sup> Comm Unit in Vietnam. He was awarded the Bronze Star for his service in Vietnam.

After returning from Vietnam, Mr. Taylor began his career as a computer programmer with textile giant, Milliken and Company, in South Carolina and advanced to Systems Engineer. In 1985 he relocated to Baltimore, Maryland and joined Maryland National Bank as a systems technical manager. In 1991 he joined Maryland Casualty Insurance, which later became part of Farmers Insurance Group, as a Senior Quality Assurance Consultant. He is currently North America Regional Change Manager for Zurich Global Information Technology.

Mr. Taylor resides in Catonsville, MD, is married, and pursues many varied recreational activities, including his favorite, sailing on the Chesapeake. He attended Auburn University from 1961 – 1965 and Spartanburg Methodist College 1974 – 1977.

**BRUCE W. WHITAKER**

**Chair, VVA Veterans Affairs Committee  
And  
Region 3 Director**

Bruce W. Whitaker is a Life Member of Vietnam Veterans of America, currently serving as Region 3 Director (Virginia, West Virginia, Kentucky, Tennessee, South Carolina, North Carolina, Maryland and the District of Columbia). He also, besides Chairing the Veterans Affairs Committee, serves on VVA's Finance Committee, Special Advisor to the Constitution Committee and serves ex-officio to the Health Care, Government Affairs, Veterans Benefits and Project 112/SHAD committees.

Born and raised in Cresaptown, Maryland Whitaker enlisted in the United States Marine Corps. serving from June 1966 to December 1969, he was with Delta Company, 1<sup>st</sup> Battalion, 5<sup>th</sup> Marines, 1<sup>st</sup> 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 extensive involvement in veterans' advocacy. In addition to his work at VVA national level, he served a six-term as President of VVA Chapter 172; he served two terms as President, VVA 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 Barlett.

Whitaker and his wife Regina reside in Cresaptown, Maryland

## **2005 Legislative Agenda and Policy Initiatives**

*Adopted at the VVA National Board Meeting  
January 22, 2005*

The foremost legislative priority of Vietnam Veterans of America is the institution of a mechanism that will assure a predictable, reliable, and adequate stream of funding for the VA's medical operations. This mechanism should be based on the per capita use of the veterans health care system, including long-term care. It should be indexed for medical inflation. It must be sufficient to allow the reinstatement of enrollment of Priority 8 veterans. Appropriations and other actions, including legislation, that accomplish this also should spell out means to insure the accountability of senior managers at the Department of Veterans Affairs.

**Veterans**  
**Health Care**

The Department of Veterans Affairs shall offer a defined health-benefits package that offers both basic and preventive care to all eligible veterans. This must be *veterans'* health care that takes into account military service, and not general health care that happens to be for veterans.

1. All statutorily eligible veterans shall be permitted to enroll in and utilize the full range of services of the VA health care system.
2. Clinicians shall take a military history of all veterans currently in or entering the VA health care system.
3. Congress shall enact legislation granting the VA authority to bill and retain third-party reimbursements from Medicare on behalf of Medicare-eligible veterans.
4. The VA shall seek the authority to deliver clinical counseling regarding combat trauma and grief counseling to families of veterans with combat trauma, including PTSD. To help insure proper coordination and implementation, the VA shall establish a new position, Veterans Family Service Coordinator, to be stationed in each VA medical center and regional office.
5. The VA shall complete the follow-up study to the 1985 "Survey of Female Veterans" to examine the current status, demographics, needs, and experiences of women veterans.
6. In providing health care for women veterans, the VA shall insure gender-specific competency in all areas of treatment and in appropriate delivery environments.

**Compensation/  
Pensions**

The VA shall adjudicate claims for service-connected disabilities promptly and accurately to avoid unnecessary appeals and backlogs.

7. All veterans who use the VA shall be tested for hepatitis C and, if found positive, be given medically appropriate treatment by VA or private practitioners.

1. Authorization of a pension for Gold Star parents shall be secured.

2. To promote uniform claims decisions, VA staff and VSO service representatives shall collaborate to develop uniform training materials, programs, and competency-based re-certification exams.

3. A joint congressional, VA, and VSO task force shall be established to study the adequacy of compensation for service-connected mastectomies.

4. The VA shall be required to accept that a treating physician's opinion holds more weight than that of an examining or consulting physician or lay adjudicator in deciding a disability rating.

5. A GAO study or congressional hearings shall be conducted concerning irregularities in the appointment and utilization of conservators for homeless and seriously mentally ill veterans.

6. Statutes shall be amended to extend the inclusive dates of the Vietnam War for in-country veterans from April 1, 1954, to December 31, 1975, and for Vietnam-era veterans from February 28, 1961, to December 31, 1975, for eligibility for VA benefits; and to adjust the dates of eligibility for the Vietnam Service Medal from August 5, 1964, to December 31, 1975.

7. Military retirees shall be permitted to collect full retirement benefits as well as any service-connected disability compensation to which they may be entitled.

8. Appropriate compensation and health care shall be granted to any veteran who suffers adverse health effects from exposure to chemical or biological agents tested during Project 112/SHAD. Officials who knowingly prevented the release of information that might help SHAD veterans shall be held accountable.

9. Service members wounded in combat and placed on

temporary disability status shall be considered as remaining on active duty for the purpose of computing leave and retirement benefits.

**Agent Orange &  
Other Toxic  
Exposures**

Sufficient funding shall be provided for independent research into the health effects on veterans and their families of exposure to Agent Orange and other toxic substances.

1. The VA shall conduct a National Vietnam Veterans Longitudinal Study to help determine any long-term health and psychosocial effects of exposure to Agent Orange and other toxic substances.
2. Funding for the Ranch Hand Study shall be discontinued, and an appropriate repository for the biological specimens and data collected shall be established and made available for scientific study.
3. A database shall be established containing all relevant chemical studies and surveys of herbicides and toxic substances to which a veteran may have been exposed.
4. All provisions of the Agent Orange Act of 1991 shall be continued.
5. The VA shall seek to determine service-connection for exposure to other toxic substances and environmental hazards, as well as the cumulative in-country effect of deployment and combat-related stressors.
6. The VA shall provide health care and compensation to children born with birth defects to any veteran or the spouse of any veteran exposed to Agent Orange.
7. The presumption of service-connection for Agent Orange exposure shall be expanded to Navy veterans who saw service within a defined distance from Vietnam and whose duties involved handling herbicides.
8. New standards for disclosure and informed consent for current and future members of the Armed Forces involved in potentially toxic exposures of any kind shall be set in law.

**PTSD/Substance  
Abuse & Other  
Mental Health  
Issues**

1. The current imbalance of resources must be redressed to restore the VA's organizational capacity to provide mental health services.

Mental health issues shall be treated on a par with the physical wounds of war and treatment, both inpatient and outpatient, shall be available at all VHA sites.

2. Inpatient as well as outpatient PTSD and mental health treatment shall be available in all VISNs, with resources allocated to meet the needs of the veteran population in each VISN.
3. Funding, including appropriated dollars for staff to provide counseling, shall be provided to enhance the readjustment counseling programs at the 206 Vet Centers.
4. The VA shall be granted the authority and funding to provide counseling, including bereavement and PTSD counseling, to the families of veterans when clinically indicated; VA staff shall also be granted the authority to perform these services at VA medical centers.
5. Congress shall appropriate funds for additional staff dedicated to provide military sexual trauma counseling.
6. Congress shall increase funding for substance abuse counseling.

**Homeless Veterans**

Every effort shall be made to reach out to and assist every veteran who is homeless to become a productive member of his or her community.

1. Allocations to organizations assisting homeless veterans shall obtain a fair share of resources through Housing and Urban Development (HUD) and other federal agencies to meet the special needs of homeless veterans.
2. The provisions of P.L. 107-95, the Homeless Veterans Assistance Act of 2002, shall be fully implemented and funded.
3. VA Homeless Grant and Per Diem funding shall be treated as a payment, rather than a reimbursement of expenses.
4. Congress shall make full appropriations for HUD McKinney-Vento and HUD-VASH voucher programs; Health and Human Services Projects for Assistance in Transition from Homeless Programs; the VA Health Care for Homeless Veterans and the Department of Labor Homeless Veterans Reintegration Program.
5. Homeless women veterans shall be listed as a priority category in the next Capital and Per Diem Only grant rounds of the VA Homeless Grant and Per Diem Program.

6. The VA Homeless Grant and Per Diem Program Office shall provide a distinct grant renewal process for existing Per Diem Only grant recipients, separate from new Per Diem Only grant proposals.

**POW/MIA**

VVA seeks the fullest possible accounting of the status of any American service member who had been a Prisoner of War or was declared Missing in Action.

1. All documents pertaining to POW/MIAs shall be declassified and released to the public.
2. The third Friday in September shall be designated National POW/MIA Recognition Day and observed by states and localities.
3. The POW/MIA Memorial Flag Act shall be enforced in all jurisdictions, including post offices, where the Stars and Stripes is displayed.
4. A three-tiered special monthly pension shall be established for former prisoners of war.
5. A public awareness program shall inform families of those still listed as POW/MIA of the need to provide DNA family reference samples for potential identification of recovered remains.
6. Congress shall pass a resolution urging the government of Vietnam to provide all relevant wartime records and to repatriate the remains of service members that have previously been recovered and stored.

**Employment,  
Training, &  
Business  
Opportunities**

Every effort shall be made to insure veteran-owned and operated businesses have the same opportunities as any other business in obtaining government contracts and that veterans will receive the preference in

1. Federal agencies that fail to reach the minimum 3 percent contracting goal for veteran-owned small businesses whose products or services meet their needs shall be sanctioned.
2. Federally mandated contractor laws for the hiring, promotion, and retention of veterans shall be enforced with rewards or sanctions.
3. All provisions of P.L. 106-50, the Veterans Entrepreneurship Act of 1999, and P.L. 108-183, the Veterans Benefits Act of 2003, shall be implemented, and any attempts to weaken them shall be resisted.
4. No further federal funding shall be allocated to the Veterans Corporation.

government hiring and promotion they have earned by virtue of their service.

5. Rewards for compliance and sanctions for non-compliance, whether by commission or omission, shall be attached to statutes on Veterans' Preference.
6. A full-time DVOP shall be stationed at each Vet Center and VA Vocational Rehabilitation center.
7. Work-skills training and development, employment support, job development and placement, and similar services shall be provided to veterans seeking to be productive members of their communities.
8. The re-education and training of veterans seeking information-age jobs shall be funded and implemented; and self-employment programs shall be expanded and enhanced.
9. A study shall be made of the disparities in VA Compensated Work Therapy programs, with minimum standards and quality assurance required at each CWT site.
10. The disparity between Office of Personnel Management and military regulations shall be eliminated to insure that credit for temporary disability retirement time is given when determining retirement and other benefits.

**The Vietnam War  
Legacy**

The government shall not make the same mistakes, of omission or commission, with troops currently deployed around the globe as it did with soldiers in Vietnam..

1. A full health examination, including the drawing of blood and a direct clinician encounter to take a psychosocial history, shall be made for all troops prior to deployment overseas and immediately upon their return to the United States.
2. Acute stress counseling and PTSD counseling shall be funded by DoD and delivered by VA personnel and others for returning OIF/OEF service members, including Reservists and members of the National Guard and their families.
3. Returnees shall be actively recruited into positions in the federal government, with all the benefits of their Veterans' Preference.
4. Additional programs for placing returnees into career jobs shall be funded, including expanded on-the-job training and significant tax breaks for employers.

5. Additional programs and assistance shall be put in place to create new small business opportunities for returnees.
6. Congress shall call for a review of the penalties under the Uniform Code of Military Justice to determine if penalties for military sexual trauma are commensurate with the offenses, and to act to insure uniform enforcement in all branches of the military.