

STATEMENT OF  
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TO THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE

WITH RESPECT TO

**PENDING VETERANS' LEGISLATION**

WASHINGTON, D.C.

OCTOBER 21, 2009

CHAIRMAN AKAKA, RANKING MEMBER BURR AND MEMBERS OF THE COMMITTEE:

Thank you for the opportunity to provide testimony on pending veterans' benefits legislation. The 1.8 million men and women of the Veterans of Foreign Wars of the U.S. appreciate the voice you give them at this important hearing.

**S. 977 the Prisoner of War Benefits Act**

The VFW supports this legislation, which would dramatically improve the benefits this nation provides to those who are former Prisoners of War (POWs).

First, it would repeal the 30-day minimum period of detainment or internment for a POW to be eligible for presumptive conditions, as well as adding Type-2 Diabetes and expanding eligibility for a presumption for osteoporosis. These worthwhile additions recognize the special circumstances POWs had to endure. The 30-day standard is an arbitrary one, and even a few hours of confinement is enough to increase dramatically the stresses and strains upon a service member's body.

The second major change the bill would make is that it lays out a process by which the Secretary can consider new diseases to be presumed service-connected for POWs. The VFW supports these changes, believing that the evidence required will, if applied properly, lead to fair treatment for those who have given so much to this country.

**S. 1109 the Providing Real Outreach for Veterans Act**

The VFW certainly supports the idea behind the *Providing Real Outreach for Veterans Act*. This legislation would essentially automate much of VA's initial outreach efforts, better informing

separating service members about the benefits and services available to them through the Department of Veterans Affairs.

To achieve this, it would require VA and DOD to share electronic data that includes enough information so that VA can determine whether a veteran is eligible for basic benefits, as well as information to determine the likelihood that veterans would be ultimately eligible for other benefits with more complex eligibility requirements.

Based upon that information, VA would then be required to send notices to veterans to inform them of the benefits for which they are likely to be eligible. The VFW thinks that a tailored approach – highlighting those things specifically applicable – would be more likely to be successful than a general overview of all benefits.

While this exact bill might not be achievable in the short-term, it perfectly lays out the kind of approach VA should be taking over the long-term. The Department must leverage technology and the information available to it in any manner necessary, and a targeted approach to outreach would greatly assist veterans toward a more seamless transition.

#### **S. 1118**

The VFW supports this legislation, which would provide increased Dependency and Indemnity Compensation (DIC) to the surviving spouses of those who died from injuries or disabilities incurred while serving in the military.

It would also reduce, by two years, the age at which a widow or widower of a veteran could remarry without having to forfeit DIC.

Section 2 would allow the surviving spouse of a veteran who dies of a non service- connected disability to be eligible for DIC if the veteran has been totally disabled from a service connected disability for at least five years. Current law requires ten years for DIC eligibility.

The VFW believes that a family of a totally disabled veteran suffers financial hardship and is often solely reliant on the income provided by VA. A totally disabling service-connected condition frequently contributes to and may even hasten death. Under current law, families who have depended on VA benefits as their primary income lose everything unless the veteran lives longer than 10 years after being found to be totally disabled from disabilities related to service. This bill would provide some financial stability to surviving spouses and their children.

#### **S. 1155**

This legislation would require VA to appoint a full-time Director of Physician Assistant Services to report to the Under Secretary of Health with respect to the training, role of, and optimal participation of Physician Assistants (PA). We are pleased to support it.

Congress created a PA advisor role when it passed the *Veterans Benefits and Healthcare Improvement Act of 2000* (P.L. 106-419). The law required the appointment of a PA Advisor to work

with and advise the Under Secretary of Health “on all matters relating to the utilization and employment of physician assistants in the Administration.” Since that time, however, the Veterans Health Administration (VHA) has not appointed a full-time advisor; instead, it has utilized the skills of someone already employed who serves in a part-time capacity in addition to his or her regularly scheduled duties. We doubt that this is what Congress envisioned when it created the role. The current PA advisor has had little voice in the VA planning process, nor has VA appointed the PA advisor to any of the major health care strategic planning committees.

With the role that PAs play in the VA health care process, it only makes sense to invite their participation and perspective. VA is the largest employer of PAs in the country, with approximately 1,600. They provide health care to around a quarter of all primary care patients, treating a wide variety of illnesses and disabilities under the supervision of a VA physician. Since they play such a critical role in the effective delivery of health care to this nation’s veterans, they should have a voice in the larger process. We urge passage of this legislation and the creation of a full-time PA Director position within the VA Central Office.

#### **S. 1204 the Chiropractic Care Available to All Veterans Act**

The VFW supports this legislation, which would provide veterans with direct access to chiropractic healthcare. Currently, chiropractic care is offered to veterans with injuries but on a limited basis. In many instances, veterans are paying for chiropractic care outside of the VA for service-related injuries out of their own pocket.

This important legislation would require 75 VA medical centers to provide such services no later than December 31, 2010, and at all VA medical centers by no later than December 31, 2012. We believe this legislation to be of great need considering the known injuries many veterans have received in battle. Chiropractic care can help with pain management and encourage more active physical therapy. It puts special emphasis on spinal cord stress while offering wellness and lifestyle modifications to help promote physical and mental strength. VFW believes that this type of treatment will offer veterans another option in their health care recovery.

#### **S. 1237 the Homeless Women Veterans and Homeless Veterans with Children Act**

The VFW is pleased to support this legislation, which focuses on helping homeless women veterans and homeless veterans with children.

Specifically, this legislation would authorize the Department of Veterans Affairs to make Special Needs Grants to facilities to provide services and care for male veterans that are homeless with their children and to the children of all homeless veterans. Under current law, those groups are not covered by the Grant and Per Diem program’s Special Needs Grants.

The bill would also extend the Department of Labor’s Homeless Veterans’ Reintegration Program (HVRP) to provide workforce training, job counseling, childcare services and placement services including literacy and skills training to homeless women veterans and homeless veterans with children to give these men and women every possible opportunity to lead satisfying and productive lives.

### **S. 1302 the Veterans Health Care Improvement Act**

The VFW appreciates the intent of the *Veterans Health Care Improvement Act*. This legislation aims to improve the contract services provided by VA's Community-Based Outpatient Clinics (CBOCs).

Many CBOCs are administered by private contractors under the supervision of regional VA Medical Centers. VA's method for creating these contracts varies by medical center to medical center, with little uniformity on how they are structured. In this case, this legislation would create a pilot program for pay-for-performance contracts, as opposed to a capitated system.

If the contract is designed poorly, it can create disincentives to high-quality, proper care. The bill's sponsor, Senator McConnell, points out that a capitated system places the emphasis on the number of patients seen, not the outcomes. We certainly agree that that places the emphasis in the incorrect spot. Optimal patient outcomes should be at the forefront of all health care delivery systems and processes.

In the *Independent Budget*, we have argued for stronger oversight and management of the contracts VA uses, especially with respect to CBOCs. Page 81 of the FY 2010 *Independent Budget* contains our discussion on CBOC contracting.

Among the recommendations we made is that there needs to be an aggregation of CBOC contracting authority at the medical center or network level so as to ensure consistency of care, cost, performance measures and simplification of oversight and administration.

This legislation could serve as a step towards that, but we would ask the Committee to consider a wider range of possibilities, especially with its continued interest in contract oversight.

### **S. 1394 the Veterans Entitlement to Service Act**

The VFW supports this legislation, which would require VA to acknowledge, through either mail or email, when it receives certain types of correspondence related to veterans' claims for medical service, disability compensation or pensions.

With all the uncertainty that surrounds the claims process, especially the black box a veteran on the outside of the system sees, this is a small measure that would do much to alleviate concern and worry that a veterans' records and requests are not being taken care of. With the recent shredding incidents at various Regional Offices throughout the country, it would also provide veterans with extra assurance that their claim has been received and is being treated properly and fairly.

### **S. 1427, Department of Veterans Affairs Hospital Quality Report Card Act**

The VFW is pleased to support the *VA Hospital Quality Report Card Act*, legislation that would require VA to develop and implement a system to measure data about its health care facilities.

VFW believes the data would be of great service. It would allow veterans to compare the quality of service VA provides, letting them make informed judgments about their health care. It would allow VA to identify areas of improvement, and it would provide critical data for Congress to better use its essential oversight authority.

### **S. 1429 the Servicemembers Mental Health Care Commission Act**

The VFW supports this bill, which recognizes the many challenges faced by veterans suffering from PTSD, TBI and many other mental health issues, especially from those returning from Iraq and Afghanistan.

This bill would create a Commission, with members appointed by VA and DOD that would oversee the treatment of veterans suffering from these conditions. It would require the Commission to study the long-term effects of these disabilities, as well as how well VA and DOD are doing at treating individuals and any barriers to proper mental health care that may exist, especially with respect to the stigma associated with care that many Active Duty service members face.

The Commission would make regular recommendations and report its findings to Congress.

With all that is unknown about the true effects of these conditions, as well as with how critical it is for these two Departments to properly manage and administer programs that provide effective treatment to service members and veterans, it is clear that the oversight powers of an organization such as this Commission are needed.

Should this bill become law, the VFW would hope that Congress carefully considers and acts upon the Commission's well thought-out recommendations so that all who need care receive high-quality service whenever and wherever they may need it.

### **S. 1444 the COMBAT PTSD Act**

The VFW strongly supports this legislation, which would make much-needed changes to current law to allow veterans who served in combat areas to have easier access to the benefits VA provides to those suffering from PTSD. It would change the definition of "combat with the enemy" so that veterans who served in a theater of combat operations during a period of war or against a hostile enemy in a period of hostilities no longer have to provide explicit evidence of the exact enemy and exact location an incident occurred.

The wars in Iraq and Afghanistan are wars with no true front lines. Incidents and danger lay everywhere, and this legislation acknowledges that events can happen anywhere at any time, and the stresses and strains of sustained action in undefined combat zones dramatically affect those who serve.

We appreciate and support VA's proposed regulation on this issue, but see no harm in codifying it into law.

### **S. 1467 the Lance Corporal Josef Lopez Fairness for Servicemembers Harmed by Vaccines Act**

The VFW supports this legislation, which would amend the Traumatic Servicemembers' Group Life Insurance (TSGLI) to prevent the exclusion of a qualifying loss experienced by a service member as a result of an adverse reaction to a vaccination administered by the Department of Defense (DoD), whether voluntarily or involuntarily, for the purposes of military training or deployment.

This legislation was introduced in response to a situation involving Marine Lance Cpl. Josef Lopez, who went into a coma with a rare adverse reaction to a smallpox vaccination he received just before deploying to Iraq, leaving him permanently and seriously disabled. However, since he was felled by the vaccine and not "combat," he is ineligible for special disability funds to help seriously wounded troops (for such expenses as modifying a home to accommodate a disability).

We believe that our government is obligated to care for those service members who are seriously and permanently disabled while in service to their country, regardless as to how, when or where the disabling injury occurred. It is for that reason we strongly support this legislation.

### **S. 1483**

This legislation designates the Department of Veterans Affairs (VA) outpatient clinic in Alexandria, Minnesota as the Max J. Beilke Department of Veterans Affairs Outpatient Clinic. The VFW has no objection to this proposal.

### **S. 1518 Caring for Camp Lejeune Veterans Act**

The VFW is pleased to support the *Caring for Camp Lejeune Veterans Act of 2009*, which would require the Department of Veterans Affairs (VA) to provide health care to service members, veterans, and their family members who have experienced adverse health effects as a result of exposure to well water contaminated by human carcinogens at Camp Lejeune.

Thousands of Navy and Marine veterans and their families who lived on Camp Lejeune have fallen ill with a variety of cancers and diseases believed to be attributable to their service at the base before the Environmental Protection Agency (EPA) designated it a Superfund site in 1988. Additionally, the National Research Council recently reported numerous adverse health effects associated with human exposure to the chemicals known to have been in water at the Marine installation.

This legislation would allow a veteran or military family member who was stationed at Camp Lejeune during the time the water was contaminated to receive needed health care at a VA facility. We believe the government has a moral obligation to provide care for those affected by contaminated water at Camp Lejeune.

### **S. 1531 the Department of Veterans Affairs Reorganization Act**

This legislation would create a new Assistant Secretary for Acquisition, Logistics and Construction, consolidating and eliminating the functions of the Director of Construction and Facilities Management. The VFW has no objection to this proposal.

### **S. 1547 the Zero Tolerance for Veterans Homelessness Act of 2009**

The VFW strongly supports this legislation, which would provide many necessary changes to ensure America's heroes do not find themselves homeless in the country they fought so bravely to defend. President Obama addressed the VFW at our National Convention last month. He stated "I've directed Secretary Shinseki to focus on a top priority -- reducing homelessness among veterans. After serving their country, no veteran should be sleeping on the streets. No veteran. We should have zero tolerance for that."

We have faith that this administration, and this Congress, will fully and immediately address this issue, by eradicating homelessness for America's heroes forever.

This measure would take a positive step towards the President's goal. This legislation takes proactive measures in preventing homelessness. Particularly, it would institute flexible funding in which VA could provide short-term rental assistance, housing relocation and stabilization, security deposits, utility payments, and costs associated with moving for homeless veterans. This would allow the VA to take necessary actions to help homeless veterans and those at risk from being homeless get off the streets.

Additionally, this legislation would provide financing for capital projects, while better aligning health care services payments with the actual health care cost.

The bill would also authorize a much-needed increase of up to 60,000 HUD-VASH vouchers in which participating veterans receive case management. These services include assistance in locating housing and accessing benefits and health services.

Furthermore, S. 1547 would create a Special Assistant for Veterans Affairs within HUD to ensure veterans have access to HUD's assistance programs while providing better data collection to accurately track and count America's homeless veterans.

Finally, this legislation would require the VA to develop a comprehensive plan for ending veterans' homelessness within one year of the bill's enactment. The VFW applauds this measure and strongly urges Congress to pass this important measure that will help us get every American veteran off the streets.

### **S. 1556 the Veteran Voting Support Act**

The VFW offers our support for S. 1556, the *Veteran Voting Support Act*.

This important legislation would require the Secretary of Veterans Affairs to permit facilities of the Department of Veterans Affairs to be designated as voter registration agencies. Specifically, the legislation would require the VA to provide voter registration forms whenever veterans enroll in the VA health care system, or change their status or address in that system, and provide veterans with access to and receive assistance with absentee ballots at VA facilities.

Additionally, the legislation would allow nonpartisan groups and election officials to provide nonpartisan voter information and registration services to veterans. It would also require Attorney General enforcement through civil suits and injunctions and require an annual report to Congress from the VA on progress related to this legislation.

The VFW has long been deeply committed to ensuring that all veterans have the opportunity to vote in federal elections. Veterans have dedicated their lives to protecting our country and they deserve every commitment from the government to offer them the opportunity to participate in the political process.

### **S. 1607 the Wounded Veteran Job Security Act**

The VFW supports the intent behind the *Wounded Veteran Job Security Act*, but we have some concerns about the impact it would have should it be passed into law.

This legislation would allow disabled veterans to receive any necessary service-related health care without facing any repercussions from their places of employment. Essentially, it ensures that veterans who need time off from work for service-connected treatments are able to receive it without fear of losing their job.

Clearly, that is something we should strive for. But as written, it could create problems.

The legislation makes no distinction for the level of disability nor for the size or demands of an employer. So, for example, in the case of a small business with just a handful of employees, the employer would have to allow a disabled veteran all the time off he or she needed to receive treatment, no matter the impact upon the business.

While that is of great benefit to the veteran, it could potentially create a barrier to a veterans' employment in the future. If an employer knows and understands that hiring a disabled veteran – especially one with severe disabilities – is going to create a hardship for that business, it is a strong disincentive for that employer to choose a veteran over a non-veteran in the first place.

The VFW believes that protections for service-disabled veterans are a worthy goal, but our concerns about the incentives and disincentives created by this bill prevent us from supporting it.

### **S. 1668 the National Guard Education Equality Act**

The VFW strongly supports this legislation, which would qualify certain members of the Army National Guard who were activated under Title 32 orders but were excluded from Chapter 33 benefits.

More than 30,000 members of the National Guard currently do not enjoy the benefits of the Post 9/11 GI Bill but were activated in defense of our nation for critical purposes and at critical times. In regards to Post-9/11 G.I. Bill fixes, this is the VFW's number one priority. Certain veterans who should be eligible for the benefit are not and the VFW strongly encourages Congress to address this issue as quickly as possible.

### **S. 1752**

The VFW applauded the Secretary Shinseki's recent decision to add Parkinson's disease to the list of diseases presumed to be service-connected due to their relationship with herbicide agents amongst certain veterans serving in Vietnam. We continue to urge the Secretary and this Committee to look at all available scientific research, as well as to continue researching these conditions, especially as the impact of their long-term effects are becoming increasingly clear. To that end, we certainly support the inclusion of this disease within Title 38.

### **S. 1753, the Disabled Veteran Caregiver Housing Assistance Act of 2009**

VFW supports this vital legislation that would more than double the amount of specially adapted housing assistance available to veterans residing temporarily in housing owned by a family member.

Many disabled veterans are being cared for by family members that have had to make structural changes to their homes in order to provide the best possible care and support. In today's economy even small changes to structures in a home can be expensive. By providing this increase you will be making a difference in the quality of life for many disabled veterans and their families.

This concludes my statement. I would be happy to answer any questions you may have.