

111th CONGRESS



**VIETNAM VETERANS OF AMERICA
LEGISLATIVE AGENDA & POLICY INITIATIVES**





The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their nation.

— GEORGE WASHINGTON, 1789



In Service to America

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A Not-For-Profit Veterans Service Organization Chartered by the United States Congress

February 2009

With the historic election of Barack Obama as the 44th President of our nation, we are embarking on a new era, a hopeful era. Yet today, with American servicemen and -women engaged in bloody conflicts halfway across the globe, the needs of three generations of veterans have perhaps never been greater. How we, as a nation, treat them, and how a people appreciate them, will go a long way towards healing them and showing future generations the honor of service to country and countrymen.

The good news is there is promising new leadership in the Department of Veterans Affairs. Secretary Shinseki and his aides will have to negotiate a minefield of problems to make the delivery of health care more effective as well as more efficient. They will have to ensure there are enough clinicians and support staff to meet the growing need for rehabilitation and for mental-health services; they will have to package meaningful assistance to help veterans secure gainful work and training or education that will lead to work producing a living wage; and they will have to find ways to cut the outrageous delays in adjudicating and appealing claims for disability compensation.

At the same time, the VA must accommodate the incremental addition of eligible so-called Priority 8 veterans onto its rolls. These veterans, who are not service-connected disabled (yet), but who are willing to pay co-payments for their health care, have earned the right to this care. It is past time that their "temporary" barring from enrollment in the VA system ceases.

Yes, the VA health-care system is going to be stretched, and those responsible for the delivery of services are going to have to respond with a firmness of purpose, a clarity of vision, and the willingness to think anew to meet the needs of veterans who are hurting.

As we Vietnam veterans get older, our health needs are becoming greater. Only part of these growing needs is the result of aging; much is due to the long-term effects of Agent Orange and other toxins to which we were exposed, as well as the physiological manifestations of PTSD. And many of the freshly minted veterans who have seen service in Afghanistan and Iraq are returning with many of the same mental-health issues and environmental exposures to toxins issues we have faced—issues many of us are facing still—as well as catastrophic injuries that will require the best efforts of the VA, indeed of all of us, to mitigate as best we can in the years to come.

I believe that as Vietnam veterans, and as members of VVA, we still need to follow the ideal that President John F. Kennedy set in his inaugural address: *Ask not what your country can do for you, but what you can do for your country – and for your fellow veterans.*

John Rowan
National President



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APRIL 2009

CREDITS

Photography: Bernard Edelman
(cover, pages 1, 6, 8, 9, and 12);
all others courtesy DOD

Design: Jennifer Paul Design

Our Top Priorities

The fullest possible accounting of the fate of America's POW/MIAs has long been VVA's top priority, and our Veterans Initiative continues to make inroads in this arena. Funding, accountability, and outreach are our top legislative priorities, however, and our officers, our Board of Directors, our Chapter and State Council leaders, our members, and our Government Affairs staff and advisors devote much time and effort to transforming these priorities from concept to reality. Here's why:

Funding VA Health Care

Vietnam Veterans of America has repeatedly noted to the Congress of the United States that the manner in which health care for veterans is funded is flawed—fatally flawed. What is needed is a new method for funding the VA's health-care system, one that will ensure it receives a reliable, predictable, sufficient, sustainable—and timely—funding stream to care for all veterans.

We know there has been resistance to this from both sides of the aisle. We, and the eight other veterans service organizations (VSOs) that comprise The Partnership for Veterans Health Care Budget Reform, have been told, point blank, that Congress will not consider any form of mandatory (or “assured” or “guaranteed”) funding of health care for veterans. So, acknowledging that if we can't go through the wall, after banging our heads against it for so many years, we need to go around it, or over it, or even under it. And while a form of mandatory funding remains our goal, we, along with the other members of the partnership, are endorsing Advance Appropriations.

What is this? This means that Congress would agree on funding for veterans health care a year in advance. This would enable VA Medical Center directors and VISN directors to properly plan for staffing needs, the purchase of state-of-the-art equipment, and needed repairs. They would not be held hostage when Congress fails to agree on a budget, which has been the situation in nineteen of the past twenty-two years.

Congressman Bob Filner, Chairman of the House Veterans' Affairs Committee, and Senator Daniel Akaka, his counterpart in the Senate, have introduced legislation, H.R. 1016 and S. 423, respectively, that would enable Advance Appropriations. President Obama is on record as supporting Advance Appropriations, as is the new VA Secretary. In the 111th Congress, VVA will push, and push hard, to get the requisite hearings, to get the bills voted on, and to get them enacted into the laws of the land. To accomplish this, we will need a major grassroots effort from all of our State Councils and all of our Chapters. This effort will also require that all members of Congress take a stand, and not just those on the Veterans' Affairs Committees.

Accountability

Please note, however, that neither VVA nor the other members of The Partnership simply want to throw money in the hopes that it will solve the situation. We acknowledge, indeed we demand, that there must also be real accountability in the management of the Veterans Health Administration, in the Veterans Benefits Administration, and in the National Cemetery Administration. Measures to ensure accountability must be built into any system of funding the VA.

We believe that the bonuses for senior staff must be overhauled to reward only the truly worthy, e.g., those who do not simply do their jobs but take extra measures to go above and beyond to ensure that it is done well; to withhold bonuses from those who just do their job with competence; and to remove those who do their job poorly. The VA should not have to wait until a scandal breaks before taking requisite action. (And anyone who follows the VA knows all too well that some sort of national, or regional, or local scandal seems to break every year.)

To ensure accountability, those in Congress need to be far more vigilant in the exercise of their powers, responsibility, and oversight. So do those in the Veterans Service Organization community. Because we spend so much, perhaps too much, of our time seeking the necessary funding for VA, we spend far less time than we ought to ensure the funding appropriated is properly expended. We all need to do a better job in this regard.

Outreach

The fact is, only twenty percent of veterans actively use the VA for their health care, and even many of these are not familiar with the health care and other benefits to which they are entitled by virtue of their service. What of the other eighty percent who never go to a VA regional office or medical center? Most of them are, quite simply, ignorant of these benefits—ignorant because they are uninformed. And they are uninformed because the VA does a shoddy job of reaching out to them.

VVA believes the VA has both a legal responsibility and an ethical obligation to reach out to all veterans and their families to inform them of the benefits to which they are entitled, and of the possible long-term health problems they may experience due to where and when they served. Populating kiosks in VA medical centers with booklets and pamphlets is fine, but these do not get into the hands of either the very poor who do not use the system or the better off who do not need to use the system.

What is needed is a real strategic plan, one that will employ TV and radio ads, billboards, and public service announcements, as well as cooperative efforts with civilian organizations and entities in a coordinated effort, yet one that adapts to regional and local realities.

What is also needed, to get a handle on how many dollars go to the VA's outreach efforts, is passage of S. 315, introduced by Senator Russ Feingold of Wisconsin. Alas, this admirable bill has but a single cosponsor, Senator Bernie

Sanders of Vermont. If enacted, S. 315 would require the Secretary of Veterans Affairs to establish a separate account for the funding of the outreach activities of the Department, and would establish within this account a separate subaccount for the funding of the outreach activities of each element of the Department of Veterans Affairs. We would hope that ninety-eight Senators join with Senators Feingold and Sanders and that companion legislation be introduced in the House.

Organizational Reform: A New Administration

To better assist veterans on the employment and education fronts, VVA proposes the following: the creation, by act of Congress, of the Veterans Economic Independence Administration, to be headed by an Undersecretary, that would consolidate various currently separate programs that assist veterans to obtain and sustain meaningful work, or training, or education that will lead to a decent job at a living wage.

This new entity would put under the same roof the Vocational Rehabilitation Service, the Veterans Education Service, an enhanced and expanded Center for Veterans Enterprise, and functional control, if not outright transfer, of the Veterans Employment and Training Service from the Department of Labor as well as newly federalized DVOP and LVER positions.

This is an idea in which we hope Congress will find merit and, certainly, enough interest to hold hearings and pursue the legislation that would be needed to transform this “one-stop shopping” concept into reality.

Other Issues of Concern

There are other, specific issues of concern to veterans and their families that warrant the attention of Congress and the American people. The following are VVA's legislative priorities in these areas.

Veterans Health Care

- VVA will continue to vigorously oppose any and all efforts to dismantle the VA health-care system or curtail its current capacity and mission. Rather, VVA will push to continue the expansion of vitally needed organizational capacity.
- VVA shall continue to work to ensure that the VA contracts out the National Vietnam Veterans Readjustment Study as a robust mortality and morbidity study of the physical and mental health as well as overall well-being of Vietnam veterans according to the protocol established by Public Law 106-419, the Veterans Benefits and Health Care Improvement Act of 2000. This would result in a true longitudinal study of the health status of Vietnam veterans.
- The VA needs to become a “veterans’ health-care system,” and not a general health-care system that happens to be for veterans. Toward that end, VVA will seek passage of legislation to require that clinicians at VA medical facilities take a complete military medical history as a matter of course for all of their patients, as well as their spouses, as part of the automated patient treatment record. VVA will also push to educate VA and civilian clinicians as to the wounds, maladies, injuries, and conditions that stem from military service—essentially occupational medicine, that will vary for each veteran depending on branch of service, M.O.S., when and where one served, and what actually happened to each veteran while in military service.
- VVA will seek to change the corporate culture of the Veterans Health Administration to a culture of veterans health and wellness that will mitigate and minimize the impact of chronic diseases.
- VVA will continue to work hard to increase the efforts of the VA to research and implement long-term care options for aging veterans, a need that is only going to significantly increase as veterans live longer, if not healthier. (The “oldest of the old,” individuals who are 85 and older, is the fastest growing demographic in the country.)
- VVA will work with Congress and the VA to re-examine the VA’s overly restrictive and overly secretive process for putting, or not putting, pharmaceutical treatments and drugs on the prescription drug formulary, to bring it into line with the more expansive formulary used by the Department of Defense, that results from a transparent and evidence-based methodology.



Agent Orange/Dioxin and Other Toxic Substances

- If the VA refuses to initiate research into the potential intergenerational effects of exposure to Agent Orange/dioxin, VVA shall seek legislation or a congressional resolution to force the VA to do this for the families of Vietnam veterans whose children and/or grandchildren are afflicted with birth defects and/or learning disabilities that may derive from veterans' service in Southeast Asia.
- VVA will petition the Secretary of Veterans Affairs to add hypertension (and secondary conditions attributed to hypertension), heart disease, and Parkinson's Disease to the list of maladies considered presumptive to exposure to Agent Orange/dioxin and other toxins.
- VVA will work to achieve enactment of legislation that would make "Blue Water Veterans," as well as veterans who served in other locations, e.g., Thailand, Johnson Island, and military bases in CONUS, where herbicides were sprayed or stored, and who were in fact exposed, eligible for benefits (compensation and health care) should they become afflicted with any of the maladies the VA considers presumptive to exposure to dioxin and other toxins.
- VVA shall work to initiate a "Comprehensive Agent Orange Act of 2009," sections of which would extend the authority for Agent Orange physicals and ensure that the VA's revised Agent Orange Registry includes a military medical history and create epidemiological registries for those who served in the Persian Gulf War, the wars in Afghanistan and Iraq, and in other areas in the Global War on Terror.
- VVA shall continue to endeavor to uncover past incidents of toxic exposures that may have long-term health effects on veterans, and shall urge the declassification of files held by the Department of Defense that will shed light on these incidents and the veterans whose health may have been compromised by them.
- VVA calls for the proper adjustments to be made to the "In Memory" plaque at the Vietnam Veterans Memorial site in Washington, D.C., to include elevating and canting the stone tablet for easier reading, lighting for night viewing, a proper brass plate that explains the meaning and history of the In Memory plaque, and much better maintenance, including the installation of a chain fence around it that is appropriate to the location.



PTSD and Substance Abuse



- VVA shall work with Congress to take whatever measures are deemed necessary to ensure accountability for the organizational capacity and funding for the diagnoses and treatments of the neuropsychiatric wounds of war, particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, and for Traumatic Brain Injury (TBI).
- VVA shall endeavor to extend the authority of the Vet Centers to treat all veterans and their families, and to increase the number of staff at each existing Vet Center to include a family therapist.
- VVA shall work with Congress to ensure that the Departments of Defense and Veterans Affairs develop, fund, and implement evidence-based, integrated psychosocial mental health and substance abuse recovery treatment programs through the Vet Centers for all veterans and their families, active-duty troops and their families, as well as for those Reservists and members of the National Guard released from active duty.

Veterans Incarcerated

- VVA shall work with Congress to ensure veterans encountering the justice system are identified as veterans and assessed for symptoms associated with PTSD and/or TBI and, where appropriate, support alternative, diversionary treatment services.
- VVA shall seek Congressional action to ensure that the VA provide benefits when they are eligible to all veterans—including those who are temporarily confined in jail or incarcerated in prison.

Women Veterans

- VVA shall seek legislation to mandate that the Department of Veterans Affairs conduct a study of the long-term, physical and mental-health effects of in-country Vietnam service on women veterans, to include an evaluation of the prevalence of autoimmune disorders in this population.
- VVA shall seek to ensure that the VA provides the proper training to employees, has the organizational capacity to provide gender-specific inpatient and outpatient care and treatment for PTSD attributed to combat exposure or sexual trauma at both VA medical centers and community-based outpatient clinics, and promotes a corporate culture that will encourage women veterans to utilize these vital services.
- VVA shall seek legislation mandating the Secretary of Veterans Affairs to develop a plan for the identification, development, and dissemination of evidence-based treatments for PTSD and other co-occurring conditions attributed to combat exposure or sexual trauma, along with the development and implementation of a program for the ongoing education and training of mental-health professionals providing such care.
- VVA shall seek legislation to mandate that the VA conduct a comprehensive assessment of the barriers to and disparities in the provision of comprehensive medical and mental-health care for women veterans by the VA, including barriers and disparities encountered by women veterans of differing race and national origin.



- VVA shall seek legislation that would ensure the provision of neonatal care for up to 30 days as needed for the newborn children of women veterans receiving maternity/delivery care through the VA.
- VVA shall seek to ensure that every woman veteran has access to a VA primary care provider who meets all her primary care needs, to include gender-specific and mental-health care in the context of an ongoing patient clinician relationship; and that general mental-health care providers are located within the women's and primary care clinics in order to facilitate the delivery of mental-health services.

Homeless Veterans

- VVA will seek to secure legislative action that would change the VA's Homeless Grant and Per Diem funding from a reimbursement for expenses to a payment, a change that is vitally needed if community-based organizations that deliver the majority of these services are to operate effectively.
- Because per diem dollars received by service centers are not enough to meet the special needs of homeless veterans who seek assistance, and because service centers for veterans are vital in that most local social services agencies have neither the knowledge nor the capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans, VVA will seek legislation to establish Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.
- VVA urges full funding, to the authorized level of \$50 million, for the Homeless Veterans Reintegration Program administered by the Department of Labor. Additionally, VVA is opposed to removing this program from the DOL.
- VVA will seek legislation to restructure the Shelter Plus Care Program of the Department of Housing and Urban Development to include supportive services dollars much like the SHP Leasing program.

POW/MIA

- VVA continues to seek the fullest possible accounting of the status of any American service member who had been a Prisoner of War or had been declared Missing in Action (or, in current terminology, DUSTWUN: Duty Status Whereabouts Unknown).
- VVA shall press to have all government documents pertaining to POW/MIAs declassified and released to the public.
- VVA shall seek to implement a public-awareness program to inform families of those still listed as POW/MIA of the need to provide DNA samples for potential identification of recovered remains.
- VVA shall encourage Congress to pass a resolution urging the government of Vietnam to provide all relevant wartime records and to repatriate all remains of service members that have been recovered.

Employment, Training, and Business Opportunities

- VVA shall strive to ensure that all provisions of executive orders and public laws pertaining to the employment, training, and business opportunities for all veterans—and especially service-disabled veterans—be enforced by the appropriate authorities and that any attempts to weaken the provisions or fail to fulfill the spirit and intent of the law should receive appropriate sanctions. The United States Department of Labor is still responsible for ensuring that there is enforcement of “veterans’ priority of service” in all programs funded by or through USDOL, irrespective of where the DVOP-LVER programs are ultimately located.
- VVA shall seek to strengthen Veterans’ Preference laws, focusing on better implementation by and accountability of managers; and shall advocate for the institution of veteran-owned and -staffed call centers to report violations, and for the institution of pro-active reviews of practices and patterns in the recruitment, hiring, and retention of veterans in the federal workforce.
- VVA shall work to strengthen provisions requiring a minimum percentage for veteran-owned small businesses and a minimum of three percent for disabled, veteran-owned small businesses on all contracts and all subcontracts with federal agencies, to include the elimination of “offshore exemptions,” extend the requirement to cover all construction and other services delivered by a state or other unit of government that is conducted in whole or in large part with federal dollars. VVA will also work with the Congress toward the institution of meaningful accountability measures.
- VVA shall call on the appropriate Committees in the Senate and the House of Representatives to hold oversight hearings on the failure of federal agencies to meet their three percent goal for awarding contracts and subcontracts to service-disabled, veteran-owned businesses in all federal procurements at the national, regional, and state levels; and shall work with VVA State Councils to request from their legislative bodies resolutions calling on Congress to exercise adequate oversight into federal compliance in this area, as well as to advocate for state legislation that would provide a preference for veteran-owned small businesses for state procurements.

Compensation/Pension

- VVA will continue to seek judicial action or legislation that would automatically provide veterans who file claims for benefits at least the monetary value of a 30 percent rating if an initial claim is not adjudicated within 90 days from the time of filing, or if an appeal is not decided within 180 days from the time the veteran files a Notice of Disagreement with the decision in the initial adjudication.
- To promote uniformity in claims decisions, VVA shall seek a change in the current policy to mandate that VA staff, VSO and county service representatives, and other stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years.
- VVA shall seek a change in the law to permit service members wounded in combat and placed on temporary disability status to be considered as remaining on active duty for the purpose of computing leave and retirement benefits.
- VVA shall seek to secure a pension for Gold Star parents; and VVA shall continue to seek the permanent prohibition of offsets of Survivors' Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of those who die while in military service.

Minority Veterans

- VVA will support legislation that would ensure that veterans receive culturally and linguistically appropriate health care as defined in guidelines issued in 2002 by the VA Undersecretary for Health. Additionally, VVA will work with the Congress as well as the VA to address disparities in delivery of health care or other vital services at VA based on race or national origin.



The New Generation of Veterans

- VVA shall work to solidify the emerging relationship with Veterans of Modern Warfare (VMW) to give them the benefits of the lessons we have learned from the legislative battles in which we have engaged. VVA shall further work with Student Veterans of America (SVA) and other organizations of our newest veterans to assist in any way we can, or at least to work collaboratively, with these fine young veteran leaders.
- VVA shall work to implement a system of acute stress and mental health counseling for troops, including Reservists and members of the National Guard, returning from deployments to Afghanistan and/or Iraq; specifically, VVA shall push for a full-time family counselor at every Vet Center and a full-time family coordinator at every VA medical center. VVA will also push for additional funding for training of community health clinics in the needs of veterans and their families, as well as additional funding for such clinics in “hotspots” for returning active duty troops, active duty troops in garrison in CONUS, or areas where there are significant numbers of National Guard or Reserve troops returning from combat theater deployments.
- VVA shall urge Congress to call for a review to determine if the penalties for military sexual trauma are commensurate with the offenses, and to act to ensure strict and unwavering enforcement of “zero tolerance” in all branches of the military.
- Because the Post-9/11 GI Bill will help tens of thousands of veterans receive the higher education they deserve, VVA shall work to ensure the introduction and passage of legislation that would establish and fund veterans’ offices in colleges and universities to assist veterans returning to school with educational, financial, housing, and other issues they may face.



Never again will one generation of veterans abandon another.



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