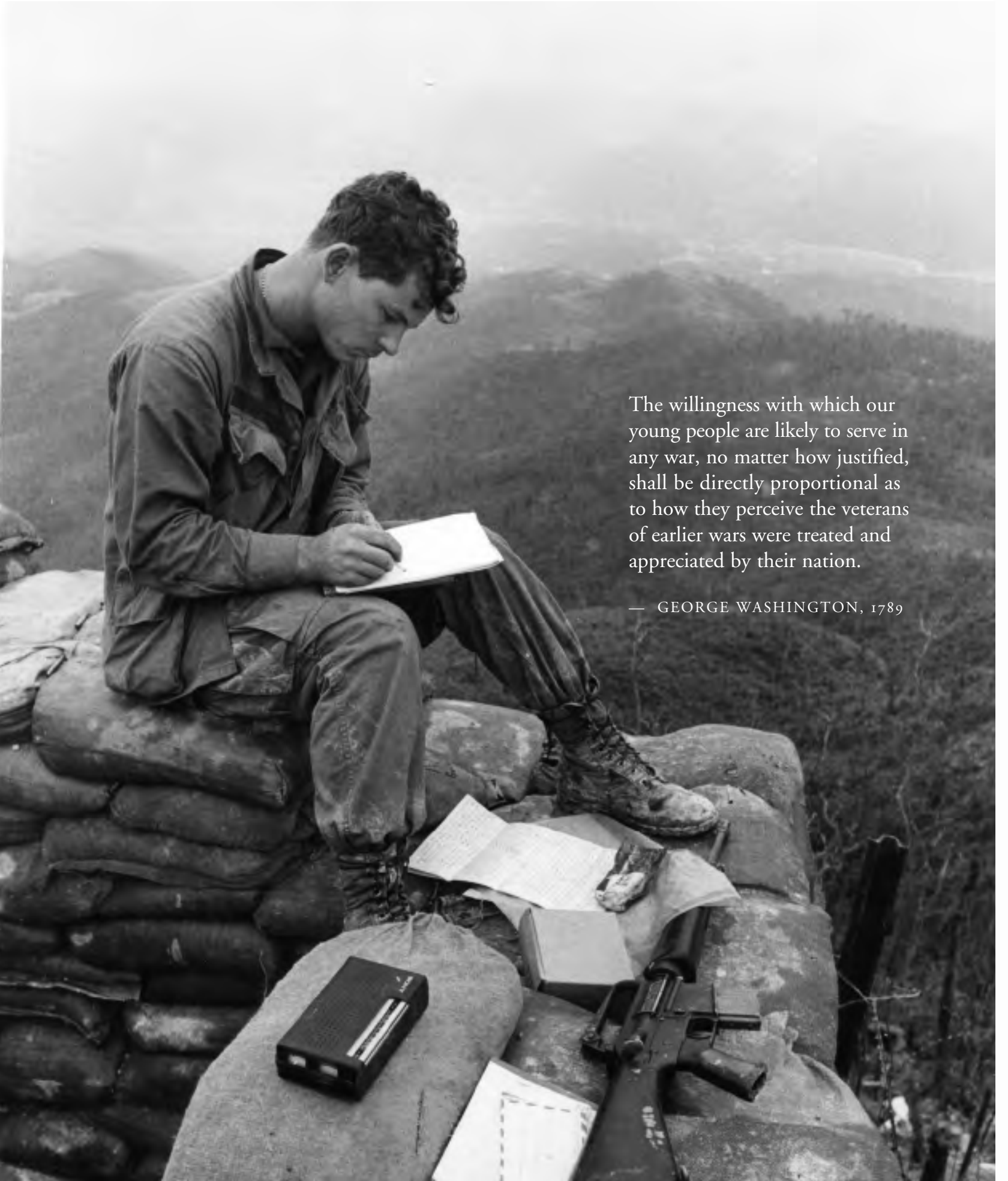


112th CONGRESS



**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

February 2011

The great American writer James Baldwin once said, "I love America more than any other country in the world and, exactly for this reason, I insist on the right to criticize her perpetually."

At Vietnam Veterans of America, we criticize perpetually those, entrusted with the sacred duty of caring for our disabled veterans, who do not do their job. We criticize government agencies that are inept or uncaring and fail to meet their responsibilities to veterans and our families. We criticize legislation and official policies that, in our considered judgment, harm veterans, or are not in the best interests of veterans and our families.

We also praise those members of Congress, from both sides of the aisle, who acknowledge the sacrifices made by veterans and family members and do right by veterans. We applaud the VA when they institute a policy that we feel does justice to veterans, as when Department of Veterans Affairs Secretary Eric Shinseki added a trio of health conditions to the list of service-connected presumptive diseases for exposure to Agent Orange. We support and endorse legislation that enhances health care and other benefits veterans have earned by virtue of our service to our nation.

The focus of VVA's legislative agenda and our policy initiatives on national issues and concerns for the 112th Congress is neither to criticize nor to praise. It is to fulfill promises made to veterans by our government for their service in uniform. It is VVA's State Councils, however, that attempt to influence state laws and policies – and each state, as well as Puerto Rico and several American territories, has a department or division of veterans' affairs and an array of state and local initiatives, from free or price-reduced hunting and fishing licenses to property tax relief for disabled veterans, that acknowledge the service and sacrifice of those who donned the uniform in times of peril.

Whether legislation is national or local, whether a particular policy affects all veterans or veterans in a single state, VVA will always try to do what we believe to be in the best interests of those who served. And we are effective because we base our positions on the considered resolutions of our members, and we act on them with a highly competent and dedicated staff of professionals.

I am proud of what we have accomplished these past several years. I hope you are, too.



John Rowan
National President



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Top Priorities

The fullest possible accounting of the fate of America's POW/MIA's has long been VVA's top priority. Our Veterans Initiative, which reaches out to our onetime enemies in Vietnam, continues to foster friendly and productive relations with Vietnam.

Advance Appropriations for funding veterans health care, which had been the priority of all the veterans service organizations, was enacted into law in the last session of Congress.

Now, **accountability** – how the Department of Veterans Affairs spends the funding it receives – and **outreach** – how the VA, and the Departments of Defense and Labor, inform veterans and troops on the cusp of separating from the military about the benefits to which they are entitled – remain our top priorities.

Improved measures to ensure accountability and honest, focused outreach can go a long way towards achieving a stated hallmark of the current administration: **transparency** in how a much more open and accessible VA sets policy and spends its funding.

Restructuring the VA by consolidating various programs to create a Veterans Economic Opportunity Administration is also on the top of our list, inasmuch as finding and retaining a decent job is a priority for veterans leaving the military after returning from overseas

deployments, and indeed for older veterans as well. So, too, is making universal the question all clinicians ought to ask all of their patients: Did you ever serve in the Armed Forces of the United States? Because the answer to this and follow-up questions can help a doctor diagnose a veteran patient, we will strive to add a veteran's military medical history to the electronic health record that all clinicians should integrate into their practice.

In the tight economic times currently faced by agencies of government, grassroots organizing and advocacy will be needed if obstacles to achieving the policy initiatives and legislative goals in the 112th Congress are to be overcome. This will only be realized with the continuing determination and efforts of VVA's officers, Board of Directors, Chapter and State Council leaders, members, and national office staff and advisors, who devote much time and effort to transforming these priorities and goals from concept to reality.

Oversight and Accountability

Funding is not the primary issue with the ever-ballooning backlog of claims and appeals encountered by the beleaguered Veterans Benefits Administration (VBA). VVA will continue to work to revamp the entire compensation and pension system, integrating state-of-the-art IT to include artificial intelligence, along with competency-based testing of all service representatives and VA adjudicators, and a still-evolving array of necessary reforms.

Yet for reforms to succeed, there must be far better oversight of and by managers who are paid very well to administer a system that is all too obviously not functioning as it ought to. And the Veterans' Affairs committees, as well as the Appropriations and Budget committees, in both houses of Congress also must meet their statutory responsibilities with focused and hard-hitting oversight.

There needs to be real accountability in the management of the Veterans Health Administration (VHA) as well. VVA and other veterans service organizations collectively made Advance Appropriations our number one legislative priority in the 111th Congress, and congressional leaders and the White House listened, and acted. Legislation introduced by the chairman of the House Veterans' Affairs Committee, Bob Filner (D-California), and his counterpart in the Senate, Daniel K. Akaka (D-Hawaii), received resounding support from Democrats and Republicans alike. Congress also provided significant funding increases for the third consecutive year.

Funding itself is not the main issue. The bottom line for the expenditure of these funds is basic: Does this meet the healthcare

needs and improve the health of the veterans who receive care at VA medical centers and community-based out-patient clinics? In this, the jury is still out.

Measures to ensure accountability must be part and parcel of funding the VA. Perhaps key to achieving this is to continue to overhaul the system of bonuses for senior executive staff to reward only the truly worthy, e.g., those who take that extra measure, who walk that extra mile, to ensure that what they are responsible for is done well; and those who innovate and improve the systems and projects under their auspices. Bonuses ought to be withheld from those who just do their job. And those who perform poorly need to be removed and reassigned, or let go – and any manager or supervisor who gets caught lying should be summarily dismissed. The VA should not have to wait until a scandal erupts before taking action.

Outreach

Some 25-30 percent of veterans actively interact with the VA, and even many of these men and women are not familiar with the array of benefits to which they are entitled by virtue of their military service. What of the other 70-75 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, in the past, has done a shoddy job, at best, of reaching out to them.

The VA has an ethical obligation as well as a legal responsibility to reach out to all veterans and their families to inform them, not only of the benefits to which they are entitled, but also

of the possible long-term health problems they may experience that might derive from where and when they served. In this realm, we will continue to insist that all outreach efforts be compliant with the provisions of the Americans with Disabilities Act, so that deaf and blinded veterans can receive information they need in a timely and appropriate manner.

Because the VA's performance in reaching out to veterans has been far less than sterling, Vietnam Veterans of America has partnered with health advocacy organizations and others who want to ensure that veterans receive the healthcare they deserve by forming the Veterans Health Council.

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. Internal TV "programs" at the VAMCs and CBOCs cannot and should not compete with ESPN or CNN in waiting rooms and clinics.

That said, the VA under Secretary Shinseki is to be applauded for taking the initiative in using both television and social media to reach out to veterans, particularly newly minted veterans of the fighting in Afghanistan and Iraq. These efforts, however, seem scattershot. What is needed is a unified, strategic communications plan, one that utilizes TV and radio ads, billboards, ads and feature stories in popular publications, and social media on the Internet. This can go far, not only in informing veterans – and their families – about issues and benefits, but in reassuring the veterans community that the VA really is "watching their six" and living up to its founding principle: "To care for him who shall have borne the battle, and for his widow, and his orphan."

VETERANS HEALTH COUNCIL

The goals of the VHC are threefold:

- 1) to inform veterans and their families about health issues related to their military service, as well as VA health care and benefits available to them;
- 2) to educate clinicians and other professionals in the healthcare community about the health issues associated with military service; and
- 3) in concert with other healthcare organizations, to develop educational materials for medical colleges, nursing schools, teaching hospitals and related entities that emphasize the healthcare needs of veterans.

To these ends, VVA shall continue to work to get veterans healthcare information out to veterans and their families, and shall continue to press the VA to develop and implement a strategic outreach plan.

Additional information can be found online at www.veteranshealth.org.

Military Medical History and the Electronic Health Record

Vietnam Veterans of America has long maintained that the VA needs to become a true "veterans' health care system," not a general health care system for veterans. Toward this end, VVA will seek passage of legislation to require that clinicians at VA medical facilities – as well as physicians in private practice – take a complete military medical history as a matter of course for all of their patients who are veterans as part of the automated patient treatment record.

Why is this important? Because health conditions that can manifest years after an individual has left military service may, in fact,

derive from what s/he experienced during their years in the military, be it in the frozen tundra of Korea or the jungles and rice paddies of Vietnam or the sands of Afghanistan and Iraq – or here in the United States and its territories.

The key question that needs to be asked by every clinician of every patient is: “Have you ever served in the Armed Forces of the United States?” If an individual answers in the affirmative, a series of questions should follow, the responses to which can alert a clinician to potential maladies s/he ought to pay particular attention to. If, for instance, a patient answers “Yes” to the question, “Were you ever exposed to blood or other bodily fluids?” or, “Were you ever wounded?” a physician might want to do a blood test for hepatitis C, a blood-borne pathogen that is a ticking time bomb in far too many veterans. If a veteran served in Vietnam, a doctor might well be on the lookout for diabetes or prostate cancer in this aging population.

Correspondingly, VVA will push to educate VA and civilian clinicians as to the wounds, maladies, injuries, and conditions that stem from military service – this is, in its essence, occupational medicine – that will vary for each veteran depending on branch of service, M.O.S. (military occupational specialty), when and where a veteran served, and what that veteran experienced while in military service.

Organizational Reform

To better assist veterans on the education and employment fronts, VVA has proposed a potentially valuable organizational reform: the creation, by act of Congress, of a fourth entity within the Department of Veterans Affairs: a Veterans Economic Opportunity Administration, to be headed by an under secretary nominated by the President and confirmed by the Senate. The VEOA would consolidate various currently separate yet interrelated programs whose mission is to assist veterans obtain and sustain meaningful work, or training, or education that will lead to a decent job at a living wage, and will enable veterans to achieve their American dream.

The VEOA would consolidate under the same roof the Vocational Rehabilitation Service, the Veterans Education Service, an enhanced and expanded Center for Veterans Enterprise housed in the VA; and functional control, if not outright transfer, of the Veterans Employment and Training Service (VETS) from the Department of Labor, as well as newly federalized DVOP (Disabled Veteran Outreach Program) and LVER (Local Veterans Employment Representative) positions, which currently reside in state departments of labor.

This is an idea in which we hope Congress will find merit and, certainly, enough interest to inspire introduction of a bill in both houses of Congress that, after the requisite hearings, will be enacted to transform this “one-stop shopping” concept into reality.

Additional Priorities and Initiatives

VVA will work to address other specific issues of concern to veterans and our families that warrant the attention of Congress and the American people. The following are VVA's main legislative priorities and policy initiatives in these areas.

Veterans Health Care

- VVA shall insist that VA researchers focus on studies that delve into the wounds, maladies, injuries, and traumas of military service and war, with specific research into issues unique to specific wars and deployments; and shall continue to monitor the progress of the follow-up to the National Vietnam Veterans Readjustment Study (NVVRS) to ensure that it is conducted to completion without any needless delay, that it will in fact be a true longitudinal study, a robust mortality and morbidity accounting of the physical and mental health as well as overall well-being of Vietnam veterans, according to the protocols established a decade ago under Public Law 106-419.
- VVA will continue to work 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 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 encourage Congress and the VA to re-examine that department's overly restrictive and secretive process for adding, or not adding, pharmaceutical treatments and drugs on the prescription drug formulary, to bring it in line with the more expansive formulary used by the Department of Defense, that results from a transparent and evidence-based methodology.

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 accurate diagnoses and evidence-based treatments of the neuro-psychiatric wounds of war, particularly for Post-traumatic Stress Disorder (PTSD), substance abuse, and the so-called signature injury of the current wars, Traumatic Brain Injury (TBI).
- 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 for all veterans and their families, for active-duty troops and their families, and for Reservists and members of the National Guard who have seen service in a combat zone.
- VVA shall work with Congress to ensure that the Department of Defense corrects all wrongful diagnoses of “personality disorder,” “adjustment disorder,” and “readjustment disorder” discharges of its men and women issued since September 2001, so that all veterans found to have been inappropriately diagnosed and discharged are correctly diagnosed and accorded access to the appropriate benefits and care.

Agent Orange/Dioxin and Other Toxic Substances

- VVA shall seek the introduction and passage of two pieces of legislation to address the need for research and treatment for health effects associated with toxic exposures in every generation of veterans and in their progeny: the Veterans Toxic Exposure Research and Treatment Act of 2011 will provide and direct funding for research, and

hence treatment, into the effects of toxic exposures experienced by every generation of our military veterans and, consequently, on the health of their progeny; and the Veterans Family Preservation, Treatment, and Research Act of 2011 acknowledges that children, grandchildren, and even great-grandchildren of veterans exposed to toxic substances during their military service are deserving of treatment, at no cost to them, for birth anomalies and developmental disabilities that may be associated with a veteran's exposure to toxic substances during military service.

- VVA shall seek opportunities in both the administrative and legislative processes to ensure that all veterans exposed to the toxins in the "Agent Orange" herbicides, regardless of where they served, are afforded the health care and compensation already won by in-country veterans who have health conditions acknowledged by the VA as presumptive; and in this realm, VVA also shall work to ensure that all maladies, including hypertension, found to be associated with exposure to Agent Orange are added to VA's list of presumptive service-connected diseases.
- VVA shall seek administratively and/or legislatively to protect and promote use of the data from the Air Force Ranch Hand Study by independent researchers.



Economic Opportunity

- VVA shall seek legislation to protect veterans (including incarcerated veterans), active-duty service members, Reservists, and members of the National Guard from discrimination in the provision of housing and employment.
- VVA shall seek the renaming of the Vietnam-Era Veterans Readjustment Assistance Act (VEVRA) to the Wartime and Disabled Veterans Readjustment Assistance Act (WADVRA), thus expanding this legislation to include veterans of all wars and actively enforcing its provisions and posting its reports on the Internet.
- VVA shall seek to amend the Post-9/11 GI Bill to enable veterans who choose not to utilize these benefits for educational purposes to convert this earned benefit to a low-interest business loan, provided they have a business plan that has been reviewed and approved by the Small Business Administration.



Homeless Veterans

- VVA will seek legislative action to revise the VA's Homeless Grant and Per Diem funding from a reimbursement for expenses, based on the previous year's audited expenses, to a prospective payment system based on a proposed budget for the annual program expenses, 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 shall seek legislation to establish Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.
- VVA will seek legislation for the reauthorization of the VA Homeless Grant and Per Diem Special Needs Grants Program, which is slated to expire at the end of the current fiscal year.

Women Veterans

- VVA shall press for the Armed Services committees in both houses of Congress to directly address the issue of military sexual trauma, calling for accountability at all levels of leadership in the Department of Defense in meeting its responsibility to our services members, and for the establishment and oversight of punishment/retribution for these crimes.
- VVA shall seek an evaluation of all sexual trauma intensive residential programs to determine if they 1) meet the needs of both men and women for gender-specific treatment environments; 2) have the capacity for admissions with limited wait times; 3) address sexual trauma specifically rather than the more “generic” diagnosis of PTSD; and 4) are geographically accessible.
- VVA shall endeavor to initiate a Government Accountability Office report on the administration of women veterans’ health programs in the Department of Veterans Affairs, identifying barriers to and root causes of disparities in the provision of comprehensive medical and mental health care, including Compensation and Pension examinations, to meet the needs of these veterans.

Minority Veterans

- VVA will support legislation that will ensure that veterans and their families receive culturally and linguistically appropriate health care as defined in guidelines issued in 2002 by the VA’s own under secretary for health.



Incarcerated Veterans

- VVA shall work with Congress to ensure that veterans encountering the criminal justice system are identified, assessed for symptoms associated with PTSD and/or TBI, and, where appropriate, support alternative diversionary treatment services that have proven effective in increasing numbers of jurisdictions across America, and mandating that the VA actively support and cooperate in such efforts.
- VVA shall endeavor to take measures to ensure the provision of reentry and support services for incarcerated veterans.
- VVA shall work with Congress to ensure that the VA provides benefits for veterans who are temporarily confined in jail or incarcerated in prison.

POW/MIA

- VVA shall continue to seek the fullest possible accounting of the status of any American service member who had been a Prisoner of War or who had been declared Missing in Action by working with the responsible agencies of government and by continuing the Veterans Initiative, building bridges with our counterparts in Southeast Asia and around the world and exchanging information with them about the locations in which remains of American service members might be found; and in this realm, VVA shall endeavor to ensure that the U.S.-Russia Joint Commission on POW/MIA Affairs remains a separate and independent entity with an adequate budget to accomplish its mission.
- VVA shall press to have all U.S. government documents pertaining to POW/MIAs declassified and released for public inspection, and shall encourage Congress to pass a resolution urging the governments of Vietnam, the former Soviet Union, China, and North Korea to provide all relevant wartime records as well.
- VVA shall press the appropriate agencies of government to certify the use of Vietnamese aircraft to transport American personnel engaged in searching for and recovering remains of Americans lost in Southeast Asia during the Vietnam War.

Compensation/Pension

- VVA shall seek enactment of legislation to secure a pension for Gold Star parents, and shall continue to seek the permanent prohibition of offsets of Survivors' Benefit Plan (known as SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in the military.
- To promote uniformity in claims decisions, VVA shall seek a change in current policy which would mandate that VA staff, VSO and county veterans service representatives, and other stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years for service officers.
- VVA shall continue to “encourage” the Veterans Benefits Administration to direct raters to follow the “best practices” manual in determining the degree of disability and percentage of compensation for veterans suffering from PTSD and other mental health disorders.



The New Generation of Veterans

- VVA shall continue to work collaboratively with and further strengthen our relationship with Veterans of Modern Warfare (VMW) to give them the benefits of the lessons we have learned from the legislative encounters in which we have engaged.
- VVA shall continue to 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 Iraq and/or Afghanistan; and shall push for funding needed to train workers in community health clinics on the needs of veterans and their families.
- Because the Post-9/11 GI Bill is now helping and indeed encouraging hundreds of thousands of veterans to receive the higher education – or vocational training – they deserve, VVA shall seek enactment of legislation to fund veterans’ resource centers in colleges and universities to assist veterans returning to school with educational, financial, housing, and other issues they may face; and VVA shall promulgate and support new public and private initiatives to create jobs for returning veterans, and to ensure that supportive services, such as mentoring programs, be integral elements of these initiatives.



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IN MEMORY PLAQUE

VVA shall press the appropriate federal agencies to initiate and complete adjustments to the “In Memory Plaque” at the national Vietnam Veterans Memorial site in Washington, D.C., to include elevating and canting the stone tablet for easier reading; adding lighting for nocturnal viewing; and installing a brass plate that explains the meaning and history of the In Memory Plaque.

Never again will one generation of veterans abandon another.



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