

**Statement  
Of  
Vietnam Veterans of America**



**Submitted by  
Richard F. Weidman  
Before the  
Senate Committee on Veterans Affairs  
Regarding  
Pending Legislation**

S.49; S.62; S.131; S.229; S.287; S.325;S.412; S.422; S.455; S.522; S.529; S.543; S.633; S.825 Homeless Prevention Act of 2013; **Draft** Veterans Health Promotion Act of 2013; **Draft** Caregiver Expansion and Improvement Act of 2013; **Draft** bill to amend title 38 United States Code to provide for certain requirements relating to the immunization of veterans and for other purposes and **Draft** bill to amend title 38, United States Code to improve the Department of Veterans Affairs Health Professionals Educational Assistance Program and for other purposes

**May 9, 2013**

Mr. Chairman, Ranking Member Burr, and other distinguish members of the Senate Veterans Affairs Committee. We appreciate your giving Vietnam Veterans of America (VVA) the opportunity to express our thoughts on pending legislative proposals vital to veterans and their families that are before this committee today.

Mr. Chairman and members of the Senate Veterans Affairs Committee, VVA would like to go on the record in support of the Secretary of Veterans Affairs, the Honorable Eric K. Shinseki, as well as the Undersecretary for Benefits (USB), the Honorable Allison Hickey. We know they have faced difficult challenges in their jobs. The easy answer to the problems confronting the veterans' community are difficult and thorny ones. VVA believes in much greater accountability on the part of managers and supervisors within the VA system. However, we have been pushing for a plan to "fix" the Veterans Benefits Administration (VBA) for more than 15 years. We now have a modernization plan, so we urge that all lower their voices and let the top leaders do their job.

What VVA does urge is that VBA do a great deal more "addition by subtraction" of key highly paid staff both at the headquarters and out in the Regional Offices who are just doing "business as usual the way they have always done." In fact many of these are working almost as hard on undermining Undersecretary Hickey as she is in trying to move the transformation forward. Those who continue to be part of the problem instead of party of the solutions need to be weeded out, and afforded a chance to pursue other opportunities outside of the VA.

### **Care for Children of Vietnam Veterans with Spina Bifida**

Mr. Chairman, Vietnam Veterans strongly urges you to ensure that overall (non-medical) case management services be provided to the almost 1,000 now adult children of those veterans who served in Vietnam during the war and who now suffer from diabetes. VVA has been working particularly with one such young woman, Ms. Honey Sue Newby, and her parents for some time.

With assistance from your staff and that of Senator Donnelly, we are finally making some progress. However, VVA is very concerned about the other nine hundred plus children as to what quality of medical care and services they are receiving (if in fact they are receiving such care as needed). This is a problem that is upon us now, and it will only intensify as to what happens to these severely disabled progeny of veterans when their parents get too old and sick to take care of them anymore, or they die before their time as so many Vietnam veterans have.

We ask that you move a legislative fix to address Ms. Newby's situation and that of the other most disabled sons & daughters with Spina Bifida, as quickly as possible. VVA also urges that you and the committee take additional steps to ensure that there is a detailed assessment of each and every disabled person and their family in this program as to what care they have received until now, an assessment of what they need today, and a means of ensuring that these unfortunate victims of their parent's military service are cared for in the future in a comprehensive manner. Obviously this assessment should assess both quantity and quality of medical services rendered.

VVA also urges that you include custodial care in addition to the full range of medical, remedial, rehabilitative, respite, home based care, and other services that VA can should provide today.

While all of these services were supposed to be provided through CHAMP – VA offices located in Denver Colorado, the governing rule book was never shared with the parents. It was also not provided to VVA even when we submitted a Freedom Of Information Act (FOIA) request for all relevant documents. However, We were able to get a copy of this handbook from another very competent veterans' advocate, and we are submitting it as an Addendum to this statement, with your permission, to get it on the record in a public way, so that all of the effective families may go to your web site and see what they are supposed to be getting for this disabled child.

**S.49 -Veterans Health Equity Act of 2013, introduced by Senator Jeanne Shaheen**, requires the Secretary of Veterans Affairs, with respect to each of the 48 contiguous states, to ensure that veterans who are eligible for hospital care and medical services through the Department of Veterans Affairs (VA) have access to: (1) at least one full-service VA medical center in the state, or (2) hospital care and medical services comparable to that provided in full-service VA medical centers through contract with other health providers in the state.

This proposed legislation directs the Secretary to report to Congress on compliance with such requirement, including its effect on improving the quality and standards of veterans' care.

Vietnam Veterans of America (VVA) strongly favors this bill. For too long veterans who live in low population density states have not had proper access to tertiary medical care within a reasonable distance from their home. Seven years ago VVA first testified that collectively the veterans' community needed to develop a new paradigm or paradigms of delivering health care because of the nature of the military today.

This is the most rural Army that the United States has fielded since World War I. Almost 40% come from towns of 25,000 or less, yet most of the VA medical centers are all located in or near major metropolitan centers. Furthermore, the role of the National Guard and the Reserves has changed dramatically. They are no longer regarded as a strategic reserve force to be activated only in case of the direst national emergency. Rather, they are being used as part of the operational force. At this moment more than 52% of those serving on active duty in the U.S. Armed Forces are mobilized National Guard and Reserve forces. This percentage will only go up as the number of fulltime active duty is drawn down, as is planned in the next few years. The National Guard tends to come from rural areas, so as they get wounded or hurt they naturally want to return to where their family and friends support system is located. Yet that is not where the majority of the medical centers are located, whether we are speaking of South Dakota, Alaska, New Hampshire, or any other of the less populous states.

VVA thanks Senator Shaheen for introducing S.49, and urge early enactment of this much needed step to ensure proper medical care for veterans outside of major metropolitan areas.

**S.62 - Check the Box for Homeless Veterans Act of 2013, introduced by Senator Barbara Boxer**, amends the Internal Revenue Code to: (1) establish in the Treasury the Homeless

Veterans Assistance Fund; and (2) allow individual taxpayers to designate on their tax returns a specified portion (not less than \$1) of any overpayment of tax, and to make a contribution of an additional amount, to be paid over to such Fund to provide services to homeless veterans. This bill when enacted into law will establish the Homeless Veterans Assistance Fund which would provide additional funding sources for the Departments of Veterans Affairs and Labor to enhance their current program to assist homeless veterans. VVA National Homeless Veterans Committee fully supports S.62 and would recommend that additional language in the bill provide assistance to homeless veterans and their families. **VVA thanks Senator Boxer for her efforts in this regard.**

**S.131 - Women Veterans and Other Health Care Improvements Act of 2013**, introduced by Senator Patty Murray, includes fertility counseling and treatment within authorized Department of Veterans Affairs (VA) medical services. Directs the Secretary of Veterans Affairs to furnish such counseling and treatment, including the use of assisted reproductive technology, to a spouse or surrogate of a severely wounded, ill, or injured veteran who has an infertility condition incurred or aggravated in the line of duty and who is enrolled in the VA health care system, as long as the spouse and veteran apply jointly for such counseling and treatment.

It has been thirty years since Senator Inouye led the effort to start the process that is still ongoing of ensuring that the needs of the women veterans are properly addressed and met by the Department of Veteran Affairs. As always, we are grateful to Senator Murray for her continued stalwart and thoughtful leadership as we move toward the goal of parity in health care for women who have served their country well in military service.

Furthermore the need to address fertility and procreation problems has been apparent for many years, and this proposal in a good and comprehensive approach to this problem for both male and female veterans. VVA strongly supports this legislation.

**S.229 - Corporal Michael J. Crescenz Act of 2013**, introduced by Senator Pat Toomey, Designates the Department of Veterans Affairs (VA) medical center at 3900 Woodland Avenue in Philadelphia, Pennsylvania, as the "Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center."

Corporal Michael J. Crescenz of West Virginia served in 4th Battalion, 31st Infantry, 196th Infantry Brigade, Americal Division, Rifleman Company A Hiep Duc Valley area, Republic of Vietnam, 20 November 1968. His bravery and extraordinary heroism at the cost of his life are in the highest traditions of the military service and reflect great credit on himself, his unit, and the U.S. Army and we are proud that his legacy will live on and his bravery will not be forgotten. The West Virginia State Council of VVA strongly supports this legislation. VVA fully supports this bill.

**S.287 - Introduced by Senator Mark Begich;** A bill to amend title 38, United States Code, to expand the definition of homeless veteran for purposes of benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes, Includes as a homeless veteran, for purposes of eligibility for benefits through the Department of Veterans Affairs (VA), a veteran or

veteran's family fleeing domestic or dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the current housing situation, including where the health and safety of children are jeopardized, there is no other residence, and there is a lack of resources or support networks to obtain other permanent housing.

Homelessness is hundreds of thousands of individual disasters occurring side by side, unfortunately, the need to flee domestic violence is one of those terrible conditions that lead to such homelessness. VVA commends Senator Begich for leading on this issue. VVA supports the bill as written.

**S.325 - Introduced by Senator Jon Tester;** a bill to amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the CHAMPVA program, and for other purposes. Makes a child eligible for medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) eligible for such care until the child's 26th birthday, regardless of the child's marital status. Makes such provision inapplicable before January 1, 2014, to a child who is eligible to enroll in an employer-sponsored health care plan.

This proposed legislation corrects an “unintended consequence” of the children of disabled veterans not being included under the provisions of the Affordable Care Act when the requirement for insurance companies to allow children to be carried on their parents’ medical insurance policy until the age of 26. **VVA strongly supports this legislation.**

**S.412 - Keep Our Commitment to Veterans Act,** introduced by Senator Mary Landrieu Authorizes the Secretary of Veterans Affairs (VA) to carry out specified major medical facility leases in FY2013-FY2014 in New Mexico, New Jersey, South Carolina, Georgia, Hawaii, Louisiana, Florida, Puerto Rico, Texas, Connecticut, and Massachusetts. Reduces lease amounts authorized in previous fiscal years for VA outpatient clinics in: (1) Johnson County, Kansas; (2) San Diego, California; and (3) Tyler, Texas. **VVA supports this authorization to move forward with needed leases in the above noted locations.**

**S.422 - Chiropractic Care Available to All Veterans Act of 2013,** introduced by Senator Richard Blumenthal, amends the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 to require a program under which the Secretary of Veterans Affairs provides chiropractic care and services to veterans through Department of Veterans Affairs (VA) medical centers and clinics to be carried out at: (1) no fewer than 75 medical centers by December 31, 2014, and (2) all medical centers by December 31, 2016. Includes chiropractic examinations and services within required VA medical, rehabilitative, and preventive health care services.

VVA supports this bill, and thanks Senator Blumenthal for his leadership on this issue. This is yet another case where the Veterans Health Administration (VHA) has arrogantly ignored the will of the Congress for some years, possibly because of a petty professional “guild” mentality. It is shameful that Congress has to enact yet another law to try and force the VHA to do the right thing. It is similar to the situation where VHA continues to discriminate against Physician

Assistants, no matter how often or how forcefully the Congress revisits that issue or the one at hand regarding chiropractic PR actioners.

**S.455 - introduced by Senator Jon Tester;** A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to transport individuals to and from facilities of the Department of Veterans Affairs in connection with rehabilitation, counseling, examination, treatment, and care, and for other purposes. Authorizes the Secretary of Veterans Affairs to transport individuals to and from facilities of the Department of Veterans Affairs (VA) in connection with vocational rehabilitation, counseling, examination, treatment, or care.

As noted elsewhere, Vietnam Veterans of America thanks Senator Tester for his continued leadership to ensure that veterans in rural and remote locales receive the support needed to ensure they are afforded the same level of quantity and quality of medical care and rehabilitative services as other veterans who are the city dwellers.

**S.522 - Wounded Warrior Workforce Enhancement Act,** introduced by Senator Richard Durbin. VVA fully supports this bill, and thanks Senator Durbin for bringing it forth in the Senate. The need for more training opportunities for those who would learn and practice orthotics is readily apparent for all who have looked at this situation. Our war fighters are surviving grievous wounds and multiple amputations that would have killed them on the battlefield even as recently as the Gulf War in 1991. This only increases the need for more and better trained/educated orthotics specialists. This legislation, if enacted, will assist in that advancement of care.

**S.529 – Introduced by Senator Richard Burr;** a bill to amend title 38, United States Code, to modify the commencement date of the period of service at Camp Lejeune, North Carolina, for eligibility for hospital care and medical services in connection with exposure to contaminated water, and for other purposes. Changes the commencement for the period of military service at Camp Lejeune, North Carolina, for purposes of eligibility for hospital care and medical services for specified illnesses or conditions related to exposure to contaminated water at such installation, from January 1, 1957, to either August 1, 1953, or an earlier date that the Secretary of Veterans Affairs (VA), in consultation with the Agency for Toxic Substances and Disease Registry, shall specify. Requires the Secretary to publish in the Federal Register any earlier date chosen.

VVA supports the bills as written, and thanks Senator Burr for continuing to champion the cause of the service members and their families who are still suffering adverse consequences as a result of exposure to harmful toxic pollutants many decades ago at Camp Lejeune. We do urge that there be continued strong oversight to ensure that the intent of the law is being fulfilled, and if necessary that there be additional enforcement measures taken to ensure that justice is done for these veterans and their families.

**S.543 - Reorganization Act of 2013**, introduced by Senator Richard Burr, directs the Secretary of Veterans Affairs to organize the Veterans Health Administration (VHA) into 12 geographically defined Veterans Integrated Service Networks (VISNs).

VVA supports the motivation behind this well-meaning proposal, in that it seeks to greatly reduce the resources devoted to administrative overhead, thus freeing additional resources to be invested in more clinicians who actually provide hands on care to veterans. The enormous increase in the appropriation for the Veterans Health Administration (VHA) since 2006 was motivated by the desire of those on both sides of the aisle to ensure that there were adequate resources available to deliver quality medical care in a timely way to those who had served our country well in military service.

In response to pressure from Capitol Hill the VHA has now decreased the number of persons on the staff of the various VISNs to 55 each, with any additional staff beyond this standard supposedly subject to a rigorous justification process. Many feel that this number is still way too high. Particularly in light of the fact that we have not seen the great diminishment of administrative overhead at the individual VA Medical Centers that were promised almost twenty years ago.

What is of even greater concern to VVA is the dividing of all policy people into one “stove-pipe” and all of the “operations” managers into another “stove-pipe.” Not only does this result in many more people who are performing tasks other than direct provision of medical services to veterans, to separate policy from actual operations is a dangerous effort which in many cases will result in operational expediency prevailing over the best medical policy that is supposed to be derived from evidence based medicine. Eliminating this dual chain of command would free up many more resources than reducing the number of VISN from 21 to 12. While we commend Senator Burr for attempting to ensure that more resources actually go to having more actual care deliverers, we are not sure that this is the best way to accomplish that laudable goal.

**S.633 – Introduced by Senator Jon Tester**; a bill to amend title 38, United States Code, to provide for coverage under the beneficiary travel program of the Department of Veterans Affairs of certain disabled veterans for travel in connection with certain special disabilities rehabilitation, and for other purposes. VVA supports this bill, and thanks Senator Tester for continuing to be the champion of improved means for veterans in rural and remote locations to have adequate access to vitally needed medical and rehabilitation care.

**S.851 - To amend title 38, United States Code, to extend to all veterans with a serious service-connected injury eligibility to participate in the family caregiver services program.** Many Vietnam veterans are alive today because their wives, or sisters, or other relative have been taking care of them for decades. Heretofore there was never any recognition of the fact that these veterans would either have had to enter into long term care or would have been on the street if not for the extraordinary efforts of these family caregivers. Either way the additional cost to American society would have been extremely large, whether in fiscal cost or the societal cost of having many additional veterans among the homeless.

The Veterans Service Organizations (VSO) were basically asked by The White House to support the bill as it was originally set to apply only to the post-9/11 generation of veterans and their families. We did this, but asked that the clause be inserted to require a report to the Congress by May of 2013 as a prelude to having this apply to veterans and their families of every generation, based on need for such a program regardless of when the veteran served.

Several years ago VVA did support legislation to assist family caregivers of catastrophically wounded or injured warriors after 9/11. Just as we saved badly desperately, horribly – wounded troops during our war, troops who would have died during World War II or Korea, thanks to the bravery and the tenacity of our medevac crews and military medical personnel at evacuation hospitals, this new generation of medevac crews and medical personnel have been saving catastrophically wounded warriors who would surely have died in Vietnam. Heart-rending testimony before congressional committees by some of these surviving veterans, and by their wives and mothers, moved Congress to enact into law the Caregivers and Veterans Omnibus Health Services Act of 2010 P.L. 111-163 to assist family caregivers of catastrophically wounded or injured warriors after 9/11.

As noted above, there was a caveat in P.L. 111-163 that requires the Secretary of Veterans Affairs to report to Congress by May 2013 on how the caregiver program has been working, and what, in his judgment, might be the efficacy of extending the program to embrace family caregivers of veterans of Vietnam and Somalia and the first fight with Saddam Hussein in the Persian Gulf. **VVA strongly supports S. 851.**

**S.825 - Homeless Veterans Prevention Act of 2013;** VVA supports the bill as written, however, would like for the Senate Committee on Veterans to also consider adding the following homeless language to the bill:

**Legislation establishing Supportive Services Assistance Grants for VA Homeless Grant & Per Diem Service Center Grant awardees**

Under the VA HGPD program non-profits receive per diem at rates based on an hourly calculation (\$5.24 per hour) for the actual time that the homeless Veteran is actually on site in the center. This amount does not come close to paying for the professional staff that must provide the assistance and comprehensive services that continue on the Veteran's behalf, long after they leave the facility. As one can well imagine the needs of these Veterans are great and demands an enormous amount of time, energy, and manpower in order to be effective and successful. We believe it is possible to create "Service Center Staffing/Operational" grants, much like the VA "Special Needs" grants.

One of the most effective front line outreach operations funded by VA HGPD is the Day Service Center, sometimes referred to as a Drop-In-Center. These service centers are unique and indispensable as a resource for VA contact with homeless Veterans. They reach deep into the homeless Veteran population that are still on the streets and in the shelters of our cities and towns. They are the portal from the streets and shelters to substance abuse treatment, job placement, job training, VA benefits, VA medical and mental health care and treatment,

homeless domiciliary placement, and transitional housing. They are the first step to independent living. For many it is the first step out of homelessness. In light of the Special Needs grants, passing the legislation to establish this funding stream would not be setting a precedent. "Special Needs" grants have been doing it for years. And VVA believes that these service centers can't wait too much longer. Agencies have been advocating for years for the VA to recognize a more appropriate funding distribution process of HGPD resources for their true operational activities. These agencies have been holding on to survival by their fingertips for a very long time. Without serious and speedy activation of staffing grants the result may well be the demise of these critically needed services centers. We cannot lose these valuable front line, "on the streets", service center outreach programs. They are the heartthrob of VA homeless Veteran programs; the first hand up offered too many of the homeless Veterans who are on the streets and in the shelter system of our cities.

VVA feels the cost of implementing these grants would be offset by the benefit given to those Homeless Veterans still on the streets and provide a vehicle by which the VA five year plan to end Veteran Homelessness would be more achievable.

#### **Department Of Labor Homeless Veterans Reintegration Program (HVRP)**

Once a Veteran has signed a lease he or she is no longer homeless and cannot enter any HVRP program. Providers have been told that all they need to do is enroll the Veteran into the HVRP program before they sign the lease and then put them in the HVRP training program after they are housed.

The Department of Labor (DOL) Homeless Veterans Reintegration Program directly trains homeless Veterans in an effort to provide skills and abilities leading to employment in order to maintain an independent life-style. Recently housed Veterans should not be excluded from this viable program (HVRP) because of an emphasis on the "housing first" model. They are being penalized for following the direction of their case managers, with housing placement being expedited at an exceptionally fast pace. The defined HVRP eligibility criteria are at the crux of the matter. The rub comes with the DOL requirement that the assessed and enrolled Veteran must enter the training program within the quarter they are enrolled. A "fix" to this situation may only require DOL regulation but in all likelihood it may require legislative action. Our position is that we believe it would best be accomplished by a direct redefinition of the eligibility requirement and permit recently housed Veterans to enroll into the HVRP training programs for up to one year after housing placement. If we are to eliminate homelessness among Veterans then we also are essentially being charged to make sure that once housed they can remain in independent housing. Ultimately, we further believe that if documentation can be provided that proves that the Veteran is in imminent danger of becoming homeless they should also be considered for eligibility in HVRP training programs.

Legislation to amend the eligibility criteria for veterans in enrolled in the Department of Labor Homeless Veterans Reintegration Program (HVRP) so those veterans entering into "housing first" would be able to access this training for a period of up to 12 months after placement into housing.

**Special Needs Funding Under the Department of Veterans Affairs Homeless Grants & Per Diem Program is due to expire on September 30, 2013**

In accordance with Title 38 of the US Code, Part II, Chapter 20, Benefits for Homeless Veterans, Subchapter VII, Other Provisions, Sec. 2061, Grant Programs for Homeless Veterans with Special Needs, the statute reads that the Secretary shall carry out a program to make grants to health care facilities of the Department and to Grant and Per Diem Providers in order to encourage development by those facilities and providers of programs for homeless veterans with special needs. These special needs veterans include women and women who have care of minor dependents; frail, elderly; terminally ill; and chronically mentally ill.

Many of the veterans falling out under special needs categories require services above and beyond what the original grant was for. Services such as Military Sexual Trauma counseling end of life and bereavement counseling, or learning how to function with a severe mental health condition. These services, many times, require individuals with special training and certifications to act as counselors. Many non-profit agencies do not have the funding capabilities to sustain licensed practitioners on staff. Special Needs grants provide additional funding to allow for those individuals to be hired and to provide for additional services necessary for the veterans to achieve the greatest level of self-sufficiency.

Vietnam Veterans of America will continue to aggressively advocate for legislation forward that would extend the Homeless Veterans with Special Needs due to expire on September 30, 2013.

I am happy to answer any questions, Mr. Chairman, and again thank you and your distinguished colleagues for the opportunity to offer our views here today.

**VIETNAM VETERANS of AMERICA**  
**Funding Statement**  
**May 9, 2013**

The 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 of the previous two fiscal years.

For further information, contact:

Executive Director for Policy and Government Affairs  
Vietnam Veterans of America  
(301) 585-4000, extension 127

## **Richard F. Weidman**

Richard F. “Rick” Weidman is Executive Director for Policy and Government Affairs 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 as statewide director of veterans’ 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 Readjustment 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. He currently serves as Chairman of the Task Force for Veterans’ Entrepreneurship, which has become the principal collective voice for veteran and disabled veteran small-business owners.

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.