

**Statement**  
**of**  
**VIETNAM VETERANS of AMERICA**



**Submitted by**  
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**Executive Director for Policy and Government Affairs**

**Before the**  
**Senate Veterans' Affairs Committee**

**Concerning**  
**Pending Legislation**

**October 30, 2013**

Chairman Sanders, Ranking Member Burr, and other members of this distinguished and important committee, Vietnam Veterans of America very much appreciate the opportunity to offer our comments concerning several bills affecting veterans that are up for your consideration. Please know that VVA appreciates the efforts of this committee for the fine work you are doing on behalf of our nation's veterans and their families.

***S. XXXX, introduced by Senator Richard Blumenthal (CT)***, would establish in the Department of Veterans Affairs a national center for the diagnosis, treatment, and research of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces, and to provide certain services to those descendants.

VVA strongly supports this bill, which reflects positively as one of our foremost legislative goals. Not only would it help achieve a measure of justice for innocent victims of the use toxic substances in times of war, but it offers unlimited possibilities for scientific investigation.

Among the so-called invisible wounds of war are those brought home by troops that may not manifest for a decade or more. And most tragically, they may pass on genetically to the children of our nation's warriors. And even to their children. We can only suspect, citing some studies mostly from abroad. But this country has not done enough research – has not wanted to fund enough research – into the potential intergenerational effects of exposure to toxic substances. Ask the VA how many studies its hundreds of scientists are conducting in this realm. And the NIH. The CDC. Then ask yourselves, Why?

This legislation would also establish an Office of Extramural Research, to award grants to reputable scientists and epidemiologists to conduct research on wounds, illnesses, injuries, and other conditions suffered by individuals as a result of exposure to toxic substances while serving as members of the Armed Forces.

Perhaps most importantly, this legislation gives hope to the progeny of warriors who are suffering from health conditions determined by a board of advisors to have resulted from exposure to toxic substances. Those selected for care and treatment, at no cost to them and their caregivers, will be evaluated and treated at the designated center.

Of all the bills before you here today, this is perhaps most elemental to us. Because of our ongoing struggle with the unwanted legacy of Agent Orange. And because of our empathy for veterans of the first Gulf War with their still-undefined Gulf War illness, and for veterans and active duty troops of the fighting in Afghanistan and Iraq whose ingestion of fumes from burn pits will be their unwanted legacy. We ask that you give your full consideration to this bill.

***S.1547, introduced by Senator Richard Burr (NC), the Veterans Dialysis Pilot Program Review Act of 2013***, would require the Secretary of Veterans Affairs to review the dialysis pilot program implemented by the VA and submit a report to Congress before expanding that program.

We understand that certain healthcare services are best performed by clinicians outside of the VA. Dialysis is one of these. It seems, however, that some folks in the VA are overeager to bring in-house dialysis outpatient clinics into the fold, and have the go-ahead and the dollars to start to do so.

The VA has identified the “first wave” of VA Medical Centers that will receive first year start-up funding to construct internal dialysis capacity. Medical center directors have not been consulted and one VAMC director has stated that his hospital center has no interest in participating and does not wish to be in a position of having to fund out year costs associated with creating internal dialysis capacity.

The already selected sites are largely in urban areas where private sector dialysis capacity already exists. This means that veterans living in rural America remain unaffected. And consider: In May of this year, the VA awarded a national dialysis services contract to 23 private dialysis companies, both large and small, that provide full geographic coverage to veterans across the country as well as providing competitive rates in the range of Medicare. All VAMCs can utilize this contract as of the 1<sup>st</sup> of October; hence, there are regional dialysis contracts available to these medical centers and their community-based outpatient clinics, or CBOCS.

So . . . Is it necessary for the VA to rush helter-skelter into a questionable expenditure of capacity? Is this cost-effective? Or does it make more sense to keep this as a service to be contracted out? At the very least, any expansion of this program ought to be brought to a halt until the results of the pilot program are compiled by the Secretary and reported to Congress.

***S.1558, introduced by Senator Mark Begich (AK), the Veterans Outreach Enhancement Act of 2013***, would require the Secretary of Veterans Affairs to carry out a program of outreach for veterans.

Under Secretary Shinseki's leadership, the VA is continuing to pursue the most effective – if not necessarily coordinated – outreach program since the end of the Second World War. While the Secretary and others deserve credit for what they have done and are doing, there is still much that needs to be done to educate veterans and their families regarding the benefits and services they have earned in service to the nation.

With modest funding over a five-year period, this bill will help fill a gap in rural America. We would suggest, however, that some of the effort go to placing simple messages about key veterans benefits on billboards in well-traveled areas. With this modest caveat, VVA supports this measure.

***S.1296, introduced by Senator Bill Nelson (FL), the Servicemember's Electronic Health Records Act of 2013***, would amend the Wounded Warrior Act to establish a specific timeline for the Secretaries of Defense and Veterans Affairs to achieve interoperable electronic health records.

Years ago, when the VA and DoD began this effort to achieve interoperable electronic health records, both departments – their key leaders and IT personnel – should have sat down together with members of both the Senate and House Veterans' Affairs Committees and discussed the projected timeline for completing this project – and the incumbent problems likely to present along the way, e.g., what the costs would amount to; how DoD would get its three services into line.

Finally, Senator Nelson is attempting to do all this with this bill, which would achieve

- (1) the creation of a health data authoritative source by the Department of Defense and Department of Veterans Affairs that can be accessed by multiple providers and standardizes the input of new medical information is achieved not later than 180 days after the date of the enactment of this subsection;
- (2) the ability of patients of both the Department of Defense and the Department of Veterans Affairs to download the medical records of the

- patient (commonly referred to as the 'Blue Button Initiative') is achieved not later than 180 days after the date of the enactment of this subsection;
- (3) the full interoperability of personal health care information between the Departments is achieved not later than one year after the date of the enactment of this subsection;
  - (4) the acceleration of the exchange of real-time data between the Departments is achieved not later than one year after the date of the enactment of this subsection;
  - (5) the upgrade of the graphical user interface to display a joint common graphical user interface is achieved not later than one year after the date of the enactment of this subsection; and
  - (6) each current member of the Armed Forces and the dependent of such a member may elect to receive an electronic copy of the health care record of the individual beginning not later than June 30, 2015.”

This is indeed admirable, and much needed, but perhaps not realistic on two counts: First, considering the snail's pace of progress seemingly made by the IT gurus of the two departments, the timelines stipulated in this legislation is perhaps a bit unrealistic. And second, without penalties and real enforcement, the due dates may as well be written in sand.

***S.1295, introduced by Senator Sherrod Brown (OH)***, is a bill that would require the VA Secretary to provide veterans with notice when they electronically file claims for benefits that relevant services may be available from veterans service organizations, and notify each claimant or claimant representative that application services may be available from veterans service organizations and provide such claimant or representative with a list of such VSOs.

Far too many veterans submit claims for disability compensation themselves. The assistance they receive from a VA employee amounts, for the most part, to legal malfeasance if not malpractice. At VVA, we advise any veteran who calls about a claim to get representation from a veteran's service representative, from a VSO or from the county in which s/he resides. Because they have been certified by the VA and they know (at least they ought to know) how to cross the t's and dot the i's. Hence, VVA strongly favors enactment of this measure.

***S.1148, introduced by Senator Martin Heinrich (NM), the Veterans Benefits Claims Faster Filing Act***, would direct the Secretary of Veterans Affairs to post in a conspicuous place in each VA Regional Office and claims intake facility and on the VA website information on: (1) the average processing time for fully developed and not fully developed VA benefits claims submitted in specified forms, and (2) the percentage of such claims filed by specified methods for which benefits are awarded. It also requires the Secretary to notify each person submitting a claim for a VA benefit of such information and of the person's eligibility to receive up to an extra year of benefit payments if the person files a claim that is fully developed, and requires the notice information to be updated at least quarterly.

Veterans of every generation can and do make good and rational decisions when they have timely and accurate data to help inform their decision-making. The requirements of this bill should have been realized years before now in order for the VA to be in conformance with the President's Executive Order(s) regarding open government and accountability. In any case, VVA welcomes this initiative and supports enactment of S.1148.

***S.1211, introduced by Senator Barbara Boxer (CA)***, would prohibit the use of the phrases "GI Bill" and "Post-9/11 GI Bill" to give a false impression of approval or endorsement by the Department of Veterans Affairs.

There are many legitimate not-for-profit and for-profit institutions of higher learning that are committed helping their students acquire a decent education and/or training that will be immediately marketable. However, there are some *predatory* institutions that have unscrupulously charged high tuitions from veterans, but delivered little of value in return. While many of these "colleges" deceitfully attempt to appear to be accredited, they are in fact *not accredited* by a reputable accreditation body. Therefore the "degrees" granted by these outfits are useless to the veteran, as their phony degrees are not recognized by employers, legitimate colleges and graduate school, or by state licensing bodies.

In many instances these same predatory institutions have used the phrases *GI Bill* and *Post 9/11 GI Bill* in misleading advertisements to try and make it appear as if they are sanctioned by the VA. The VA has taken the first step, by registering the

term “GI Bill.” And enactment of this legislation should be helpful in limiting further damage by these predators to our returning warriors.

Some would call these predators “war profiteers” in the ugliest sense of that phrase. Others would label the behavior of these entities and all of those who reap huge profits from them as “stolen valor” in that they are robbing these post-9/11 veterans of the ability to acquire a useful degree and marketable education and training. The only thing wrong with this bill is that it does not go far enough. VVA strongly favors early passage of this measure.

***S.1399, introduced by Senator Richard Durbin (IL), would amend the Servicemembers Civil Relief Act*** to extend the interest rate limitation on debt entered into during military service to debt incurred during military service to consolidate or refinance student loans incurred before military service.

This sensible bill would protect servicemembers by enabling them to consolidate or refinancing earlier student loans and current loans at a maximum 6% rate. This is a good deal for our men and women in uniform, and should be passed by Congress with all due speed.

***S.1411, introduced by Senator Al Franken (MN), the Rural Veterans Health Care Improvement Act of 2013***, would specify requirements for the next update of the current strategic plan for the Office of Rural Health of the Department of Veterans Affairs for improving access to, and the quality of, health care services for veterans in rural areas.

Because we have found that most “strategic plans” of the VA are mostly a waste of trees, we in good faith cannot support S.1411, even though it embraces some very good ideas, e.g., the better use of telemedicine.

It seems to us that the VA knows what it needs to do to improve healthcare services to veterans living in rural and remote areas of America. What it doesn’t need is yet another “plan” that is dated before it is printed to tell it what needs to be done.

***S.1155, introduced by Senator Jon Tester (MT), the Rural Veterans Mental Health Care Improvement Act***, would amend appropriations authorities for veterans' benefits to provide advanced appropriations for information technology relating to medical services, support, compliance, and facilities of the Veterans Health Administration (VHA). It would require the Secretary to provide mental health services, including outpatient care, to the immediate families of certain veterans returning from Operation Enduring Freedom or Operation Iraqi Freedom. It would also require the Secretary to report to Congress regarding telemedicine services for veterans, including updates on VA teleconsultation and telemedicine initiatives, training, and partnerships with primary care providers.

The VHA has made significant strides in the use of telehealth/telemedicine, most usefully in rural and remote areas. While we hope, and anticipate, that advance appropriations for all of the VA's discretionary appropriations will be enacted during this session of Congress, we do hope as well that Congress will see the wisdom of expanding and improving the use of telemedicine services for veterans, and so we certainly support passage of S.1155.

**S.1262, introduced by Senator Bill Nelson (FL), the Veterans Conservation Corps Act of 2013.** This bill would:

(a) Establishment- The Secretary of Veterans Affairs shall, in cooperation with the Attorney General, the Secretary of Agriculture, the Secretary of Commerce, the Secretary of Homeland Security, the Secretary of the Interior, and the Chief of Engineers, establish a veterans conservation corps to assist veterans in the transition from service in the Armed Forces to civilian life and to employ veterans-

- (1) in conservation, resource management, and historic preservation projects on public lands and maintenance and improvement projects for cemeteries under the jurisdiction of the National Cemetery Administration; and
- (2) as firefighters, law enforcement officers, and disaster relief personnel.

(b) Conservation, Resource Management, Historic Preservation, and Cemetery Maintenance and Improvement Projects-

(1) IN GENERAL- As part of the veteran's conservation corps, the Secretary of Veterans Affairs, the Secretary of Agriculture, the Secretary of Commerce, the Secretary of the Interior, and the Chief of Engineers shall--

(A) employ veterans to carry out projects described in subsection (a)(1); or

(B) award grants to, or enter into contracts with, State governments, local governments, or nongovernmental entities to employ veterans to carry out projects described in subsection (a)(1).

The veterans who really need help with finding jobs are those 18-24-year-olds and 25-29-year-olds, most of whom are with the National Guard or Reserves, who have few marketable skills. (Veterans unemployment rates are actually well under that of most other Americans.) Such a program, the cost of a few days' operation in Afghanistan, is certainly worth the price – and the futures of potentially thousands of young men and women.

***S.1361, introduced by Senator Christopher S. Murphy (CT), World War II Merchant Mariner Service Act***, would direct the Secretary of Homeland Security to accept additional documentation for verifying that an individual performed honorable service as a coastwise merchant seaman during the period beginning on December 7, 1941, and ending on December 31, 1946, for purposes of eligibility for veterans' benefits under the GI Bill Improvement Act of 1977.

The situation of those American citizens who served in these potentially dangerous positions during World War II should have been corrected many years ago. This historic wrong needs to be formally righted. VVA has favored such legislation conferring full veteran status on these individuals for almost thirty years, and now urges swift passage of this measure before all of them are dead and gone.

***S.875, introduced by Senator Casey (PA), the Department of Veterans Affairs Disease Reporting and Oversight Act of 2013***, would require the director of a Veterans Integrated Service Network, within 24 hours after confirming the presence of a notifiable infectious disease at a Department of Veterans Affairs (VA) facility under that director's jurisdiction, to notify: (1) the Central Office of the VA; (2) the Director of the Centers for Disease Control and Prevention; (3) the state and county in which the facility is located; (4) each individual at the facility

who has contracted the disease or is at risk of doing so, as well as the individual's next of kin, the individual's primary health care provider, and the county in which the individual resides; and (5) each VA employee of such facility. Requires such director to comply with any earlier notification required by the state concerned.

Requires such director to: (1) confirm receipt of such notification, (2) develop and implement an action plan to manage and control the potential spread of the disease, and (3) keep records of any such notifications for at least 10 years. Requires an annual report from the VA Inspector General to Congress on directors' compliance with the requirements of this Act. Provides for Inspector General enforcement and appropriate director disciplinary action with respect to such requirements.

Directs the Under Secretary for Health of the Veterans Health Administration (VHA) to issue a directive to the VHA's pathology team, infection prevention team, facilities management team, and other appropriate VHA groups on the actions to be taken when a notifiable infectious disease is discovered in a VHA facility.

Inasmuch as almost everything in this bill is what common sense would dictate in the event of an outbreak of a notifiable disease at a VA medical facility, it would seem that this legislation would not ever be needed. However, in the wake of the "Legionella" outbreak at the VA Medical Center in Pittsburgh, Pennsylvania, and the subsequent lack of proper and sensible steps being taken to notify either the community or the VA hierarchy in a timely manner, this would seem to be a prudent step for Congress to take. Although the situation was probably not as badly handled as some outside of VA have portrayed it, the situation was still not handled correctly.

VVA favors enactment of S. 875.

***S.1165, introduced by Senator Jon Tester (MT), the Access to Appropriate Immunizations for Veterans Act of 2013***, includes within authorized preventive health services available to veterans through the Department of Veterans Affairs immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule established by the Advisory Committee on Immunization Practices.

VVA strongly favors any additional mechanisms that promote better accountability in the delivery of VA services, including immunizations, and therefore endorses enactment of S. 1165.

***S.1281, Introduced by Senator Richard Blumenthal, (CT), Veterans and Servicemembers Employment Rights and Housing Act of 2013***, prohibits employment practices that discriminate based on an individual's military service and amends the Fair Housing Act and the Civil Rights Act of 1968 to prohibit housing discrimination against members of the uniformed services.

Declares that it shall be an unlawful employment practice for an employer to fail to hire, to discharge, or to otherwise discriminate against individuals because of their military service. Prohibits employers, employment agencies, labor organizations, and job training programs from engaging in specified practices that adversely affect an applicant or employee because of such service.

Amends the Fair Housing Act to prohibit housing discrimination against a member of the uniformed services with respect to: (1) the sale or rental of housing, (2) residential real estate-related transactions, and (3) the provision of brokerage services.

Amends the Civil Rights Act of 1968 to impose a fine, imprisonment, or both on persons who violate prohibitions on housing discrimination under such Act against members of the uniformed services.

VVA favors the provisions in this act. However, what is really needed is enforcement of already existing statutes that bar such behavior. Unless there is an effective means for timely and effective redress for veterans who encounter such discrimination in employment or housing, then all of the various laws will not matter in the lives of veterans who become subject to such discrimination. Certainly the Office of Federal Contract Compliance Programs and the Vietnam Era Veteran Readjustment Act (VEVRA) is a classic example of good intentions gone awry inasmuch as they have assisted less than 30 veterans in the last 40 years.

***S.1556, introduced by Senator Sherrod Brown (OH)***, would modify authorities relating to the collective bargaining of certain employees in the Veterans Health Administration.

Should a psychiatrist who works for the VA have the same rights concerning “grieving” his or her schedule as a psychologist? Should a registered nurse have the same rights as a licensed practical nurse? Seems to us they should; according to the VA, they don’t. Nor do physicians, dentists, physician assistants, podiatrists, optometrists, chiropractors, and certain dental auxiliaries. This personnel policy seems schizoid, and without merit – and yet another reason why the VBA has difficulty retaining top-shelf doctors and dentists and registered nurses.

VVA supports fully the passage of S. 1556 because it strikes out against indefensible bureaucratic curmudgeonliness, and for employee justice.

***S.1559, introduced by Senator Richard Durbin (IL), the Benefits Fairness for Filipino Veterans Act of 2013***, would modify the method of determining whether Filipino veterans are United States residents for purposes of eligibility for receipt of the full-dollar rate of compensation under the laws administered by the Secretary of Veterans Affairs.

Is he or isn’t he? Does he reside in the United States, thereby earning him top-dollar compensation for his wartime service, or does he really reside in the Philippines? Enactment of this legislation, one would hope, would help clarify the situations of a number of Filipinos who served under the U.S. flag during the Second World War, and VVA supports its enactment.

***S. XXXX, introduced by Senator Bernard Sanders (VT)***, would update the Service-Disabled Insurance program to base premium rates on the Commissioners 2001 Standard Ordinary Mortality table instead of the Commissioners 1941 Standard Ordinary Table of Mortality.

Gee, progress! VVA of course supports this effort by the Chairman to bring a modicum of rationality to this program.

***S. XXXX, introduced by Senator Bernard Sanders (VT)***, would provide replacement automobiles for certain disabled veterans and members of the Armed Forces.

A measure of this ilk has been needed for some time, especially in those areas of the nation where public transportation is spotty or non-existent. Hence, VVA supports this bill.

***S. XXXX, introduced by Senator Bernard Sanders (VT), the Veterans Health Care Eligibility Expansion and Enhancement Act of 2013.***

This bill would open the VA healthcare system to all eligible veterans, meaning all veterans who meet certain criteria and who have received other than a dishonorable discharge. As long as a mechanism to gradually admit veterans is written into regulation so as not to overwhelm the system, VVA wholeheartedly supports this measure. Nor do we believe that the healthcare system will be overloaded inasmuch as most veterans who are able to afford private insurance under ACA or through the entity for which they work will likely prefer to go to their own medical and dental professionals.

***S. XXXX, introduced by Senator Bernard Sanders (VT), the Enhanced Dental Care for Veterans Act of 2013.***

Several studies have shown that poor dental health contributes to and in fact leads to deterioration of the overall physical and mental health. This being so, the case is compelling to add dental care to the package of benefits to patients at VA healthcare facilities who are not 100 percent service-connected disabled. This is hardly a luxury; rather, it is a vital element of an overall wellness program that the VA claims is a goal for all of its patients. We believe that an econometric study would show that it costs less to provide reasonable dental care than it does to treat the ravages that poor teeth wreak on the health of veterans, particularly low-income veterans.

The VHA has made headway in this arena, offering all of its patients the opportunity to purchase dental insurance at seemingly reasonable rates. This, however, will not help the poorest veterans who have neglected their dental health for too long.

VVA fully support enactment of this legislation.

***S. XXXX, introduced by Senator Bernard Sanders (VT), the Mental Health Support for Veteran Families and Caregivers Act of 2013.***

It seems to us that in order to help a veteran who has Post-traumatic Stress Disorder or Traumatic Brain Injury, especially chronic PTSD or TBI, family members and caregivers need support and assistance if efforts of the VA are to have any chance of success at even mitigating these issues and helping the veteran achieve a decent quality of living. Assuming that this bill will help achieve some degree of success in this area, VVA supports its enactment as a step in the right direction.

***S. XXXX, introduced by Senator Bernard Sanders (VT), the Survivors of Military Sexual Assault and Domestic Abuse Act of 2013,*** would provide counseling and treatment for sexual trauma to members of the Armed Forces; require the Secretary to screen veterans for domestic abuse; and require the Secretary to submit reports on Military Sexual Trauma (MST) and domestic abuse.

Considering the somewhat belated attention being paid to MST, this bill takes a rather proactive approach to assisting veterans who have been victimized by abuse. In the arena of domestic abuse, however, the bill may be going a bit too far for the veterans' own good by "develop[ing] and implement[ing] a screening mechanism to be used when a veteran seeks healthcare services . . . to detect if the veteran has been a victim of domestic abuse for purposes of improving the treatment of the veterans and assessing the prevalence of domestic abuse in the veteran population."

Either way, VVA endorses enactment of this legislation.

*S. XXXX, introduced by Senator Jon Tester (MT)*, would provide for the payment of temporary compensation to a surviving spouse of a veteran upon the death of the veteran.

How can anyone not be in favor of such legislation? We have heard of far too many instances in which a veteran dies, leaving his spouse just this side of destitute. To provide the VA with the means to pay temporary compensation to assist her, or him, in this difficult time is more than fitting. It is simply the right thing to do.

VVA supports this measure.

Again, on behalf of our membership, we thank you for the opportunity to present our testimony before this committee, and we thank all of you for the work you are doing on behalf of our nation's veterans and our families.

**VIETNAM VETERANS OF AMERICA**  
**Funding Statement**  
**October 30, 2013**

The national organization Vietnam Veterans of America (VVA) is a non-profit veteran's 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 Senate 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:

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## 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, 23rd 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.