

**TESTIMONY OF**



**Presented By**

**Richard Weidman**

**Executive Director for Policy and Government Affairs**

**Before the**

**Committee on Veterans Affairs  
United States Senate**

**Regarding**

**The Department of Veterans Affairs  
Fiscal Year 2016 Budget and  
2017 Advanced Appropriations Request**

**February 26, 2015**

Chairman Isakson, Ranking Member Blumenthal and distinguished Members of the Committee, on behalf of the Board of Directors, and members, I thank you for giving Vietnam Veterans of America (VVA) the opportunity to testify today regarding the President's fiscal year 2016 budget and 2017 advanced appropriations request for the Department of Veterans Affairs. VVA thanks each of you on this distinguished panel, on both sides of the aisle, for your strong leadership on issues and concerns of vital concern to veterans and their families.

I want to thank you for recognizing that caring for those who have donned the uniform in our name is part of the continuing cost of the national defense. Caring for veterans, the essential role of the VA and, for specific services other federal entities such as the Department of Labor, the Small Business Administration, and the Department of Health and Human Services, must be a national priority. This is poignantly clear when we visit the combat-wounded and ill troops at military medical centers across the country.

### **Overview**

On the whole, this budget proposal is a good start, but the overall requests for additional resources are just too low. With concerted work however it can be the most viable budget and appropriations document we have had in many years, of which we all can be proud.

VVA is still concerned that there will not be enough resources to deal with the flood of troops that continue to separate and have recently separated from the military and may present at VA with a range of mental health as well as TBI and other physiological health issues. The newer veterans, and the older "new to VA" veterans from previous generations who are now using VA healthcare facilities and services added to a volume of needs that was already taxing VA resources. This set up the conditions whereby there were way too few clinicians for increasingly too many clinical needs, which put pressure all the way down the line to not have delays in seeing sick veterans. Because they did not have the organizational capacity to do this, then the local staff got into the business of making it appear that there were no wait lists.

We do not say this in any way of excusing the lying and the falsification of data. There is no excuse for that. However, if the problem is to be fixed, then there simply needs to be a sharp increase in the number of clinicians at VA, and a priority put on providing enough appropriate clinical space at the earliest possible date. What this means is that there must be construction funds for converting what exists in the VA's older hospitals to accommodate a modern clinic configuration. If they need to move executive and other offices to temporary buildings outside of the main hospital building (s) in order to have enough room, then let us get on with it.

While many do not like to focus on the fact that there are way too few clinicians, that is the case now, as it has been for more than a decade. As one example VVA said in testimony in 2009:

*We are more than a little skeptical that, as the VA touts, the budget will provide resources “to virtually eliminate the patient waiting list by the end of 2009.”  
When have we heard this before?*

The “wait list” on the medical side, and the “backlog” on the Compensation and Pension side of VA simply have to have more resources (mostly people) if these problems are to be solved.

To us the key is to modify the formula that is used to estimate clinical needs to reflect the veterans who are served. The number of disability issues to be adjudicated in each claim has risen dramatically in the last five years, even faster than the number of veterans seeking both medical care and adjudication of legitimate claims. That is mirrored in the sharp rise in the number of maladies in veterans seeking medical care

Our recommendation is to change the formula to reflect reality of veteran’s health, and in the meantime fund VHA for at least \$71 Billion this year and Advance Appropriations for at least \$74 Billion, with at least \$3 to 3.5 Billion in third party medical care collections each year. Even this estimate is likely an understatement of the need.

### **Evidence Based Medicine**

VA has a well-established system of “QUERI” groups that have functioned reasonably well for some years to establish a baseline for evidence based medicine within the VA. The budgets for these groups were recently “swept away” by the Secretary. If there are efforts to reorganize and improve this vital tool, then fine. But to virtually cripple or to outright de-fund the QUERI groups signifies that VA is going to not have a mechanism to know the standards for evidence based medicine.

This situation needs to be corrected immediately and certainly in the budget for the coming year.

**Mental Health –Need to Increase Organizational Capacity for  
Substance Abuse Treatment**

VVA urges that language be inserted in the Appropriations bill before Congress to express concern that substance abuse disorders among our nation’s veterans are not being adequately addressed by the Veterans Health Administration (VHA). The relatively high rate of drug and alcohol abuse among our nation’s veterans (much of which is self-medication to deal with untreated PTSD), especially those returned from service in Operations Enduring Freedom, Iraqi Freedom, and New Dawn is causing significant human suffering for veterans and their families.

These folks can and will be stronger for their experience if we only will deliver the effective care they need when they need it in a way they will accept.

Further delay in moving to increase effective mental health and substance abuse services will lead to poorer health and more acute health care utilization in the out years, not to mention economic opportunity cost to the nation and needless suffering by these veterans, and their families.

VVA urges the Congress to direct the Secretary to provide quarterly reports beginning with a baseline report by each Veterans Integrated Service Network (VISN) and each VA Medical Center (VAMC) on the number and type of clinicians engaged in mental health, especially those engaged in treating PTSD and substance abuse.

VVA also strongly urges the Senate to direct the Secretary of Veterans Affairs to update the VHA Strategic Plan for Mental Health Services, specifically to improve VA’s treatment of TBI, PTSD and other mental health conditions, as well as substance use disorders. These reports will provide an ongoing indication of VHA’s progress in the implementation of its adopted Strategic Plan as described in section 1.2.8 of “A Comprehensive VHA Strategic Plan of Mental Health Services”, May 2, 2005. In addition to baseline information, at minimum these reports should include: the current ranking of networks on their percentage of substance abuse treatment capacity along with plans developed by the lowest quartile of networks to bring their percentage up to the national average; and, the locations of VA facilities that provide five days or more of inpatient/residential detoxification services, either on site, at a nearby VA facility, or at a facility under contract to provide such care; and, the locations of VA health care facilities without specialized substance use disorder providers on staff, with a statement of intentions by each such facility director of plans to employ such providers or take other actions to provide such specialized care.

We must continue to restore and enhance capacity to deal with mental disorders, particularly with Post Traumatic stress Disorder and the often attendant co-morbidity of substance abuse. In particular, substance abuse treatment needs to be expanded greatly, and be more reliant on evidence based medicine and practices that are shown to actually

be fruitful, and be held to much higher standards of accountability, as noted above. The 21 day revolving door or the old substance abuse wards is not something we should return to, but rather treatment modalities that can be proven to work, and restore veterans of working age to the point where they can obtain and sustain meaningful employment at a living wage, and therefore re-establish their sense of self-esteem.

### **National Centers for PTSD**

VVA also urges that additional resources explicitly be directed in the appropriation for FY 2016 to the National Centers for PTSD for them to add to their organizational capacity under the current fine leadership. The signature wounds of the recently completed wars are PTSD and Traumatic Brain Injury and a complicated amalgam of both conditions. VVA believes that if we provide enough resources, and hold VA managers accountable for how well those resources are applied, that these fine young veterans suffering these wounds can become well enough again to lead a happy and productive life.

### **Separate Funding Line for the Vet Centers**

The funds for the Vet Centers should be used to develop or augment permanent credentialed staff at VA Vet Centers (Readjustment Counseling Service or RCS), as well as coordinating with the PTSD teams and substance use disorder programs at VA Medical Centers and clinician who are skilled in treating both PTSD and substance abuse at the CBOC, which will be sought after as more troops (Including demobilized National Guard and Reserve members) return from ongoing deployments.

VA also urges that the Secretary be required to work much more closely with the Secretary of Health and Human Services, and the states, to provide counseling to the whole family of those returning from combat deployments by means of utilizing the community mental health centers that dot the nation. Promising work is now going on in Connecticut in and possibly elsewhere in this regard that could possibly be a model. In addition, VA should be augmenting its nursing home beds and community resources for long term care, particularly at the state veterans' homes.

### **Blind and Low Vision Veterans Need Much Greater Resources and Attention**

With the number of blind and very low vision veterans of the nation's latest wars in need of services now, VVA strongly recommends the Congress explicitly direct an additional \$50 million for FY 2016 to increase staffing and programming at the VA's Blind and Visually Impaired Service (VIST) Centers, and to add at least one new center.

Further, VVA recommends that the Congress direct the Secretary to implement an employment and independent living project modeled on the highly successful “Project Amer-I-Can” that so successfully placed blind and visually impaired veterans into work and other situations that resulted in them becoming much more autonomous and independent. That program was a cooperative venture of the New York State Department of Labor, the Veterans Employment & Training Service (VETS), and the Blind Veterans Association twenty years ago, but can still work now.

### **Medical and Prosthetic Research**

For medical and prosthetic research for fiscal year 2016, VVA recommends \$950 million. This would be the largest increase ever in this part of the budget, but it is needed and should be “with strings” that the VA start doing research that will stand up to peer review in regard to toxins of all sorts that have affected US military members and/or their families, especially their progeny.

VA’s research program is distinct from that of the National Institutes of Health because it was created to respond to the unique medical needs of veterans. In this regard, it should seek to fund veterans’ pressing needs for breakthroughs in addressing environmental hazard exposures, post-deployment mental health, Traumatic Brain Injury, long-term care service delivery, and prosthetics to meet the multiple needs of the latest generation of combat-wounded veterans.

### **NVVLS**

The *National Vietnam Veterans Longitudinal Study* (NVVLS) has been completed at long last, and languishes at the VA Central office. The General Counsel at VA says there is a “legal problem” with transmitting this report to the Congress and the public. The so called legal problem is that VA wants to destroy all of the data in the original National Vietnam Veteran Readjustment Study (NVVRS). The VA General Counsel first wanted to destroy that data right after that study was first completed in the mid-1980s. Had they done so, there could never have been this follow up study.

VVA urges the Committee to designate the Medical Follow Up Agency (MFUA) as the repository of the data from NVVRS, NVVLS, and all other such studies. Dr. Richard De Bakey was instrumental in founding MFUA following World War II. Their data base was used to finally be able to identify Hepatitis C in 1987. VVA urges that all data from all such large scale studies go to MFUA, along with funds to maintain and properly automate and search said data.

VVA further urges that you ask for a specific line item of \$4 million to go to MFUA this year and to direct VA to turn over all such data to MFUA immediately.

Further, VVA strongly urges the Congress to mandate and fund longitudinal studies to begin virtually immediately, using the exact same methodology as the NVVRS, for the following cohorts: a) Gulf War of 1991; b) Operation Iraqi Freedom; and, c) Operation Enduring Freedom.

Please take action now so that these young veterans are not placed into the same predicament Vietnam veterans find ourselves today.

### **Homeless Veterans**

Homelessness is a significant problem in the veterans' community and veterans are disproportionately represented among the homeless population. While many effective programs assist homeless veterans to become productive and self-sufficient members of their communities and Congress must ensure that the Department of Veterans Affairs has adequate funding to meet the needs of the homeless veterans who served this country so proudly in past wars and veterans of our modern day war.

### **Homeless Provider Grant and Per Diem Program**

The Department of Veterans Affairs Homeless Grant & Per Diem Program has been in existence since 1994. This program addresses the needs of homeless veterans and supports the development of transitional, community-based housing and the delivery of supportive services. Because financial resources available to HGPD are limited, the number of grants awarded and the dollars granted are restrictive and hence many geographic areas in need suffer a loss that HGPD could address. VVA recommends increasing the Homeless Grant and Per Diem (HGPD) program to \$250 million and increasing the Supportive Services for Veteran Families (SSVF) program to \$375 million for FY 2016.

### **HUD-VASH**

The HUDVASH program was established as a partnership between the Departments of Veterans Affairs and Housing and Urban Development to combine permanent housing with supportive medical services. VVA supported passage of P.L. 110-161 which included \$75 million for 7,500 Section 8 vouchers for homeless and disabled programs. Under this program, VA must provide funding for supportive services to veterans receiving rental vouchers. The FY2016 VA budget must reflect a significant increase in funding these services.

The program "housing first" simply does not work over a protracted length of time without significant and effective supportive services. Historical data that shows each housing voucher requires approximately six thousand dollars in supportive services – such as case management, personal development and health services, transportation, etc.

Rigorous evaluation of this program indicates this approach significantly reduces the incidence of homelessness among veterans challenged by chronic mental and emotional conditions, substance abuse disorders and other disabilities.

The Veterans Benefits Administration (VBA) continues to need additional resources and enhanced accountability measures. VVA recommends an additional 300 over and above the roughly 700 new staff members that are requested in the President's proposed budget for all of VBA.

### **Compensation & Pension**

VVA recommends adding at least nine hundred staff members above the level requested by the President for the Compensation & Pension Service (C&P) specifically to be trained as adjudicators. Further, VVA strongly recommends adding an additional \$75 million dollars specifically earmarked for additional training for all of those who touch a veterans' claim, institution of a competency based examination that is reviewed by an outside body that shall be used in a verification process for all of the VA personnel, veteran service organization personnel, attorneys, county and state employees, and any others who might presume to at any point touch a veterans' claim.

### **Vocational Rehabilitation**

VVA recommends that you seek to add an additional two hundred specially trained vocational rehabilitation specialists to work with returning service members who are disabled to ensure their placement into jobs or training that will directly lead to meaningful employment at a living wage. It still remains clear that the system funded through the Department of Labor simply is failing these fine young men and women when they need assistance most in rebuilding their lives.

### **Veterans Economic Opportunity Administration at VA**

VVA strongly favors moving this function to VA in a new fourth division of VA that deals solely with helping veterans become as independent as possible. For those of working age, this means helping them successfully enter the civilian workforce. While we will address this in greater detail next week, this is a crucial aspect of the budget and planning process.

VVA has always held that the ability to obtain and sustain meaningful employment at a living wage is the absolute central event of the readjustment process. Adding additional resources and much greater accountability to the VA Vocational Rehabilitation process is essential if we as a nation are to meet our obligation to these Americans who have served their country so well, and have already sacrificed so much.

## **Hepatitis C**

Vietnam Veterans of America (VVA) urges you to allocate funds for life-saving treatments for veterans suffering from the hepatitis C virus (HCV) consistent with the Department of Veterans Affairs request in the President's proposed budget.

The hepatitis C virus is one of the greatest health threats facing American veterans. HCV is an infectious, blood-borne disease and the leading cause of catastrophic liver damage, cirrhosis, liver cancer and liver transplants. This potentially fatal disease can take years or decades to present symptoms, and by the time individuals feel sick – long after many veterans have left the battlefield – the disease has often already taken its toll.

Veterans are at a disproportionately high risk for the hepatitis C virus due to the potential for blood exposure in combat or medical settings. While hepatitis C is a growing epidemic across the country, where more than 3.2 million Americans are infected with the virus, it is even more rampant among veterans. Prevalence of HCV among veterans who receive care through the Veterans Health Administration is twice the rate reported in the general population.

Approximately 175,000 VA enrollees have been diagnosed with HCV and at least 30,000 have cirrhosis, a number that has doubled over the last decade. In addition, because the infection is often asymptomatic, the VA estimates that as many as 42,000 enrollees may be infected with the virus but are undiagnosed.

Revolutionary new hepatitis C treatments have given veterans hope of a cure for this deadly disease. Early detection of the hepatitis C virus through screening and access to new, more effective HCV treatments significantly decreases the progression of the disease to cirrhosis, liver failure, liver cancer, and death.

The VA has placed a high priority on ensuring that all veterans living with HCV have access to the treatments they need. We urge you to allocate the funds necessary to help the VA provide care to those affected and encourage the Agency to screen veterans to diagnose the remaining 42,000 who do not know their status.

## **Accountability at the VA**

There is no excuse for the dissembling and lack of accountability in so much of what happens at the VA. It is certainly better than it was a year ago, but there is a long way to go in regard to cleaning up that corporate culture to make it the kind of system it should become. VA must change so that it can be trusted to get the “biggest bang for the taxpayer's buck.” It can be cleaned up and done right the first time, if there is the political will to hold people accountable for doing their job properly.

Thank you again, Mr. Chairman, for allowing VVA to be heard at this forum. We look forward to working with you and this distinguished Committee to obtain an excellent budget for the VA in this fiscal year, and to ensure the next generation of veterans' well being by enacting assured funding. I will be happy to answer any questions you and your colleagues may have.

**VIETNAM VETERANS OF AMERICA  
Funding Statement  
February 26, 2015**

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 of 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.