

TESTIMONY

of



Submitted

by

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Before the

Senate Veterans' Affairs Committee

Regarding

**S.244, S.603, S.2210, S.2279, S.2316, S.2791,
S.2958, S.3021, S.3023, S.3032, S.3035, S.3055,
S.3076, S.3081 & draft bills**

June 29, 2016

Good afternoon Chairman Isakson, Ranking Member Blumenthal, and other distinguished members of the Senate Veterans' Affairs Committee. On behalf of the members of Vietnam Veterans of America [VVA] and our families, we very much appreciate the opportunity to express our views regarding legislation pending before this very vital committee.

S. 244, introduced by Senator Tester, would require an independent and comprehensive review of the process by which the Department of Veterans Affairs assesses cognitive impairments that result from Traumatic Brain Injury for purposes of awarding disability compensation.

It is our understanding that troops who have returned from deployments to Iraq and/or Afghanistan and who have sought disability compensation from the VA receive varying clinical assessments for the same injury, assessments which, obviously, affect the award of disability compensation from the VA. This bill would – at least it should – set the stage for determining if what VA clinicians are doing is consistent, and equitable, across the board and, if not, what the VA must do to rectify this situation.

VVA strongly supports enactment of S. 244.

S. 603, the Rural Veterans Travel Enhancement Act, introduced by Senators Tester and Murray, would make permanent the authority of the Secretary of Veterans Affairs to transport individuals to and from VA in conjunction with rehabilitation, counseling, examination, treatment, and care.

There is nothing not to like about S. 603; in fact, what it calls for should continue to be standard operating procedure for every VA healthcare facility. Therefore, VVA supports enactment of S. 603.

S. 2210, the Veteran Partners' Efforts to Enhance Reintegration Act, introduced by Senator Blumenthal for himself and Senators Baldwin and Markey, would require the VA Secretary to carry out a program to establish peer specialists in the Patient Aligned Care Teams at VA medical centers. The bill stipulates that female peer specialists must be included in this program.

The purpose of the PEER Act, which is essentially a pilot program, is “to promote the use and integration of mental health services in a primary care setting.” Because we believe that enactment and implementation of this bill can lead to a significant advancement in melding mental with physical health services, VVA fully supports the passage of the PEER Act.

S. 2279, the Veterans Health Care Staffing Improvement Act, a bipartisan bill introduced by Senator Merkley along with Senators Brown, Rounds, Shaheen, Tester, Warner, Wyden, and Tillis, would require the SecVA to initiate and carry out a program to increase efficiency in the recruitment and hiring by the VA of health care workers in the process of exiting from the Armed Forces; and would create uniform credentialing standards for certain health care professionals in the department.

It certainly is no secret that the VA is in dire need of additional medical professionals to handle an increasing demand for the healthcare services it provides eligible veterans. The unfilled vacancies for these clinicians in VAMCs and CBOCS across the country is a prime reason that VA personnel cut corners by finagling appointments with both primary care clinicians and specialists.

VVA has long believed that the VA must do more – a lot more – to attract and retain health care workers leaving active duty to “sign on” with the VA. While we have long urged VA to do a much better job of recruiting and hiring physicians, as well as all of the allied health care professionals.

S. 2316, introduced by Senator Blumenthal for himself and Senators Moran and Brown, would “expand the requirements for reissuance of veterans’ benefits in cases of misuse of benefits by certain fiduciaries to include misuse by all fiduciaries, [and] to improve oversight of fiduciaries.”

Fiduciaries have what we consider to be a sacred obligation to assist honestly and transparently the veterans whose financial interests they take responsibility for. Unfortunately, there are some who are entrusted with this charge who are neither honest nor transparent, who in essence betray the veterans whom they represent.

Because S. 2316 will give the VA Secretary the legal authority to reimburse veterans who have been ripped off by their fiduciary, as well as additional

oversight powers to help ensure the honesty and integrity of fiduciaries, VVA enthusiastically supports enactment of this bill.

S. 2791, the Atomic Veterans Healthcare Parity Act, introduced by Senators Franken and Tillis, would provide for the treatment of radiation-exposed veterans who participated in the cleanup of Eniwetok Atoll for purposes of the presumption of service-connection for certain disabilities.

Far too many veterans who have been exposed to radiation and other toxic substances in the performance of their duties while in uniform have been denied healthcare benefits and disability compensation by the VA. Why? Because they cannot show a nexus between their exposure(s) and particular health conditions that erupt years after exposure.

VVA supports enactment of this bill. Although S. 2791 is focused on a relatively small group of veterans who participated in the cleanup of Eniwetok Atoll between January 1, 1977, and December 31, 1980, we remind the honorable members of this committee that other veterans are suffering from a variety of maladies that can be associated with their exposure to toxic substances while in uniform; and that the progeny of many of these veterans have health conditions that may be caused by a parent's exposure to certain toxins; and that they, too, need additional protections under the law to access healthcare and disability compensation. Hence, we make a plea to those who serve on this most important committee to insist that **S. 901, the Toxic Exposure Research Act**, be voted upon by the whole Senate.

S. 2958, introduced by Senator Fischer, would establish a pilot program on partnership agreements to construct new facilities for the Department of Veterans Affairs.

Although we do not object to this pilot program, we question why it is limited to "not more than five partnership agreements."

So, if this distinguished committee sees the wisdom of voting for the enactment of S. 2958, VVA would support this bill.

S. 3021, introduced by Senators Inhofe and Lankford, would authorize the use of Post-9/11 Educational Assistance for independent study programs at certain institutions that are not institutions of higher learning.

VVA has little doubt that the sponsors have in mind a particular institution in the state that they represent that will benefit from the enactment of this bill. Still, if a veteran can improve his/her chances to achieve their American Dream, and if any “educational institution” that stands to benefit should this bill become law is legitimate and not one of the predatory institutions – most of which are colleges whose bottom line is profit and not the education of the students they ostensibly serve – then we may be able to endorse the enactment of S. 3021 in the future.

S. 3023, the Arla Harrell Act, introduced by Senator McCaskill, would provide for the reconsideration of claims for disability compensation for veterans who were the subjects of experiments by the Department of Defense during the Second World War that were conducted to assess the effects of mustard gas or Lewisite on humans.

There are not many of the 60,000 or so veterans left who participated in these experiments. Still, because they are deserving of a measure of justice long denied them, VVA strongly supports passage of this bill, and thanks Senator McCaskill for taking the lead on ameliorating this historic wrong.

S. 3032, the Veterans’ Compensation Cost-of-Living Adjustment Act of 2016, introduced by Chairman Isakson, Ranking Member Blumenthal, and most of the members of this committee, would provide for an increase, effective December 1, 2016, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans.

VVA of course joins in the chorus of support for passage of this bill. We would like to see, however, that the compensation adjustment for service-connected disabilities not be an annual affair but rather be added to black-letter law in perpetuity.

S. 3035, Maximizing Efficiency and Improving Access to Providers at the Department of Veterans Affairs Act, introduced by Senators Heller and Tester, would require the Secretary of Veterans Affairs to carry out a pilot program to increase the use of medical scribes to maximize the efficiency of physicians at VA medical facilities.

Instead of clinicians having to type up their notes, conclusions, and recommendations for each patient they see, this pilot program would test the efficacy of the use of “medical scribes” to assist them in this “onerous” task. Surely, a pilot might be worthy, particularly for those clinicians who are not particularly adept at writing and those surgeons who, obviously, cannot write up their conclusions in the middle of an operation. Yet even if a pilot program illustrated the value, however limited or extensive, of the use of such scribes, how many would have to be hired and trained across the VA healthcare system to be truly effective?

Hence, VVA supports the concept but we have significant doubts that any future Congress will provide significant enough additional resources to ever realize the potential impact of this concept.

S. 3055, the Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016, introduced by Senators Burr and Tester, would provide a dental insurance plan for veterans and their survivors and dependents.

Although full implementation of such a plan effectively puts the VA in the position of becoming an insurance agency, VVA supports the passage of S. 3055 because, for many veterans, it may be the insurer of last resort. VVA would further argue that dental health care is not a “frill,” but rather an integral part of overall health. If a person’s dental health is a mess, it should come as no surprise that that veteran’s overall health is not good.

Given the reluctance of the Executive branch and the Congress to include dental health (with the notable exception of 100% service connected disabled veterans and certain veterans who are homeless), providing this opportunity to purchase dental insurance through the VA is a good alternative.

Speaking of insurance, the option for those who are 50% or more service connected disabled to buy additional life insurance should be extended to the same higher level of insurance as that accorded to 100% disabled veterans. This problem of finding affordable life insurance is really a significant problem for those who have PTSD as part of their service connected disability rating.

S. 3076, the Charles Duncan Buried with Honor Act, introduced by Senator Cotton, would authorize the SecVA to furnish caskets and urns for burial in cemeteries of states and Indian tribes for veterans without sufficient resources to provide for caskets or urns.

Just as the VA provides caskets or urns for the remains of veterans to be laid to rest in national cemeteries, this bill would extend this service to veterans to be buried in state and Indian cemeteries. As such, VVA strongly endorses enactment of this bill.

S. 3081, the Working to Integrate Networks Guaranteeing Member Access Now Act, introduced by Senator Cassidy, would provide certain employees of members of Congress with access to case-tracking information of the Department of Veterans Affairs.

VVA does not advocate for this bill. Will this effectively speed up the adjudication of claims? We have our doubts. The VA is obligated to provide any Member of Congress who asks with the status of a veteran's claim for compensation. To give "certain employees" direct access to such information, however, opens up the unfortunate possibility that, by citing potential outlier cases, just puts the department in a bad light and does little to improve the efficiency of the adjudication process.

S. _____, introduced by Senator Blumenthal, would clarify the scope of procedural rights of members of the uniformed services with respect to their employment and reemployment rights, and would improve enforcement of these rights.

Members of the National Guard and the Reserves now comprise just about half of the nation's active duty Armed Forces on any given day. Since 9/11, more than 900,000 members of the Reserve components have been mobilized in the Global War on Terrorism. Despite the protections afforded them under the Uniformed Services Employment and Reemployment Rights Act (USERRA), there have been far too many instances in which a Reservist or Guardsman returns from a deployment to find that the job s/he has left to serve our nation is no longer there for him/her.

This is wrong. This is something USERRA has sought to provide protection for these Reservists and members of the National Guard. Because the

Blumenthal bill would strengthen enforcement of USERRA, because it would provide additional protections for those who have served our nation in uniform, often at great personal and professional cost, VVA supports swift passage of this bill.

VVA would also urge that USERRA protection be in place from time/date of the first public knowledge of a deployment of a unit, instead of the date the orders are cut for an individual. Some employers are currently doing layoffs of workers at the first notice of a unit being deployed, which skirts the current law, and leaves these Reservists and National Guard members with no protection whatsoever.

S. _____, introduced by Senator Tester, would expand eligibility for readjustment counseling to certain members of the Selected Reserve.

It is only right that those who serve in uniform and who are afflicted with “a behavioral health condition or psychological trauma” ought to be able to avail themselves of the readjustment counseling available in the VA’s Vet Centers. Hence, VVA applauds and supports the swift enactment of this bill.

S. _____, introduced by Senator Sullivan, would authorize payment by the Department of Veterans Affairs for the costs associated with service by medical residents and interns at facilities operated by Indian tribes and tribal organizations, and would require the Secretary to carry out a pilot program to expand medical residencies and internships at such facilities.

It should come as no surprise to anyone that the VA is in need of qualified, competent medical professionals. Because this bill has the potential of increasing the pool of these clinicians to serve veterans enrolled for VA health care, VVA supports enactment of this bill.

A Discussion Draft, companion legislation to H.R. 5420 introduced by HVAC Chairman Miller, would authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marne-la-Coquette, France.

Monuments and memorials to our men and women in uniform speak to their service and their sacrifices and, in many cases, to their last true measure of devotion. If the commission sees a need to take responsibility for this memorial, subject “to the consent of the Government of France,” VVA

stands with the commission, and with the enactment of this bill.

Vietnam Veterans of America appreciates the opportunity to present our views on this pending legislation before this committee and will be pleased to respond to any question you may have. And we want to thank you for the work you do for the nation's veterans.

VIETNAM VETERANS OF AMERICA
Funding Statement
June 29, 2016

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.

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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. Weidman returned to VVA at the request of the then President in 1998, and has been on the VVA national staff since that time.

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, (VET-Force) 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.