

Testimony of



Presented by

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to the

Senate Veterans' Affairs Committee

Regarding

**H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018, the
Veterans Dental Care Eligibility Expansion & Enhancement Act,
& Other Pending Legislation**

August 1, 2018

Chairman Isakson, Ranking Member Tester, and your distinguished colleagues of the Senate Veterans' Affairs Committee, Vietnam Veterans of America (VVA) wants to thank you for your stellar efforts on behalf of veterans of *all* eras. And we appreciate the opportunity to offer for your consideration our testimony regarding legislation pending before this distinguished committee.

H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018, introduced by Congressman David Valadao (R-CA). VVA, along with just about every other VSO and MSO, has pressed for the passage of legislation that will right a long-standing wrong for veterans of the so-called Blue Water Navy during the years of the Vietnam War. Its fate now rests in this committee, at this time. We hope you will see the wisdom in bringing, at long last, a measure of justice to these worthy veterans, men who did the nation's bidding during that difficult and turbulent time.

BACKGROUND

During the war in Vietnam, from the early 1960s through the first years of the 1970s, some 20 million gallons of Agent Orange and other toxic chemicals were sprayed to defoliate jungle flora for two important reasons: to kill foliage surrounding fire bases that would otherwise provide cover for enemy forces, and to deny the enemy the ability to grow crops. Toxic chemicals in the herbicide, have been associated with serious, life-threatening health conditions, e.g., non-Hodgkin's Lymphoma, various cancers, Type II diabetes, and Parkinson's disease.

Agent Orange was sprayed across the former South Vietnam, including coastal areas and along the banks of rivers and streams that empty into the South China Sea. The dioxin in this defoliant wound up in harbors and coastal byways heavily trafficked by military as well as civilian vessels. It is virtually certain that this contaminated seawater was taken in by ships to be desalinated into potable water for drinking, cooking, and showering. Today, too many of the sailors and Marines aboard these vessels are afflicted with the same maladies as are so-called boots-on-the-ground Vietnam vets.

We wonder how many in this hearing room remember the words of one veteran suffering from cancer who stated, "I died in Vietnam and didn't even know it." He was not alone. In 1991, Congress enacted the Agent Orange Act in an attempt to rectify what had become a persistent outcry from veterans suffering from diseases that peer-reviewed scientific studies have associated with exposure to dioxin, the toxic element in Agent Orange.

There was a time when the Veterans Benefits Administration treated claims from sailors in the same manner as they did for claims by in-country veterans. This was ended, abruptly, in March 2002. The former Secretary who made that decision in 2002, without any justification, scientifically or otherwise, published an Opinion piece last week urging that the Congress "not ignore science." Between 2002 and 2009, the VA denied some 32,880 claims, as the VA limited the scope of the Agent Orange Act to only those

August 1, 2018

veterans who could provide proof of “boots on the ground” in Vietnam. Today, approximately 90,000 claims by “Blue Water” sailors are awaiting adjudication by the VBA.

(The Department of Veterans Affairs has published on its website a listing of “Navy and Coast Guard Ships Associated with Service in Vietnam and Exposure to Herbicide Agents.” Most of these vessels, dubbed “Brown Water Navy,” plied inland waterways in the former South Vietnam.)

H.R. 299

On June 25, 2018, the House passed an amended version of H.R. 299, 382-0. The original bill clarified that service members aboard vessels in Vietnamese territorial waters (for the most part up to 12 miles from shore) during the Vietnam War can claim service connection for ailments associated with exposure to Agent Orange when filing a disability claim. The House bill was amended to include certain veterans who served near the demilitarized zone in Korea and in Thailand.

Congress, we believe, should recognize that it is as likely as not that these veterans were in fact exposed to Agent Orange and should be accorded presumptive status for their disability claims citing such exposure. When signed into law, this bipartisan legislation would reverse the VA’s 2002 decision which prevented Blue Water Navy veterans – and those veterans who served near the DMZ in Korea and in bases in Thailand – from claiming presumptive status for the diseases associated with herbicide exposure.

VVA supports passage of H.R. 299 as amended, and urges swift action by you and your colleagues in the Senate.

S._____ the Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018, introduced by Senator Bernie Sanders (I-VT), calls for the VA to carry out a 3-year pilot program at no fewer than 16 VA healthcare facilities. The purpose of this program is to assess the feasibility and advisability of furnishing dental services and treatment, and related dental appliances, to enrolled veterans who are not deemed to be eligible for such services and treatment, who volunteer to participate in the program, and who agree to copayments for such treatment and services same as they would for medical care. This bill also calls for the VA to initiate a program to educate enrolled veterans on the importance of good dental health, a program that illustrates the association between dental health and overall health and well-being.

VVA most definitely endorses and fully supports this pilot project, and Senator Sanders’ initiative. As he has noted, “Untreated oral health conditions can lead to tooth loss, pain and infection, and contribute to an increased risk for serious medical conditions such as diabetes and poor birth outcomes.” The bill requires, within a year and a half after this pilot program commences, that the VA submit a report to both SVAC and HVAC that describes the implementation and operation of the project and includes “an assessment of [its] impact on medical care, wellness, employability, and perceived quality of life.”

VVA recommends that the VA be required, within six months of the date of enactment of this act, to submit an exhaustive study/literature review of all peer reviewed articles in reputable medical journals pertaining to the effect of dental/periodontal health on overall health of adult individuals. Further, that VA submit a complete and documented study of the effect of providing dental services to homeless veterans and other veterans who receive such services, by cohort group, at VA.

If this pilot project proves successful, as we believe it will, the introduction of full dental services for veterans who have a disability rating of less than 100 percent will have a salutary effect on their overall wellness.

The arbitrary division of health and dental health has never made any real sense to us at VVA, since the two are so inextricably intertwined.

S. 2881, the Mare Island Naval Cemetery Transfer Act, introduced by Senator Diane Feinstein (D-CA), directs the VA to enter into an agreement with the city of Vallejo, California, for the transfer to the VA of the Mare Island Naval Cemetery in Vallejo, to be maintained as a national shrine.

Because of persistent fiscal uncertainties, Vallejo has been, and will continue to be, unable to properly maintain this cemetery. It is certainly appropriate for the VA's National Cemetery Administration to add this to its roster of national shrines. To not do so would be an abdication of presumed responsibility, because to honor the memory of those buried there, this final resting place must be accorded proper maintenance. The Navy should have properly transferred it to the National Cemetery Administration (NCA) when the Navy pulled out of Mare Island.

VVA supports the passage of S. 2881 and would request that, if it cannot be enacted as a stand-alone bill, it should be added via amendment to the 2019 National Defense Authorization Act.

S. 1596, the Burial Rights for America's Veterans' Efforts ("BRAVE") Act of 2017, introduced by Senators Gary Peters (D-MI) and Marco Rubio (R-FL). This bill would increase the maximum amount payable by the Department of Veterans Affairs for the burial and funeral expenses of certain veterans, an amount that would increase each fiscal year by the percentage increase in the Consumer Price Index.

The demise of thousands of veterans can be connected to health conditions connected to their military service. Just as the CPI fluctuates (usually upward) year to year, recompense for burial expenses also ought to be aligned with changes in the CPI. S. 1596 should achieve this. It makes sense, is logical, and we can see no reason not to urge Congress to embrace it.

S. 3184, introduced by Senator Michael Bennet (D-CO), would modify the requirements for applications for construction of State home facilities to increase the maximum percentage of non-veterans allowed to be treated at such facilities.

The intent of this legislation is righteous. It would provide “care to spouses of veterans, during a period in which a facility is operating with a bed occupancy rate of 90 percent or less, not more than 40 percent of the bed occupancy at any one time will consist of patients who are not receiving such level of care as veterans.”

While we have no qualms about the spouses of veterans to be admitted to these homes, the language of S. 3194 is ambiguous. It seems to us that with the aging of the Vietnam veteran cohort, more and more of us will need to avail ourselves of what State homes can provide. Just as VA healthcare facilities are for veterans of the Armed Forces, so too, we believe, should homes for veterans be just that: homes for veterans who can live in dignity at a place where they can bond with other veterans. This also avoids having different levels of care, which can result in conflict when non-vets feel discriminated against. S. 3184 needs to go back to the drawing board.

Discussion Draft on Transition Assistance reform, to be introduced by Senators Mike Crapo (R-ID), Jon Tester (D-MT), Bill Cassidy (R-LA), and Dan Sullivan (R-AK).

This is an ambitious bill, one that seeks to improve DoD's Transition Assistance Program, including pre-separation counseling and services on such areas as financial planning, transition and relocation, and programs and such benefits as health care; educational assistance; preparation and requirements for employment; small business ownership and entrepreneurship programs; employment and reemployment rights; veterans preference; vocational rehabilitation; home loan and housing assistance; support services for family caregivers; and survivor benefits. This is commendable, and an attempt to bring organization and context to an often haphazard conclusion of a service member's time on a deployment overseas and/or an end to his/her active duty.

Of particular importance is that section of this bill that calls for establishing a governing board to support prevention of drug overdoses, deaths by suicide, and alcohol-related mortality. This is timely and necessary, and should lead to a more sensible allocation of resources *Vis a Vis* prevention activities involving overdoses, alcohol dependence, and suicides. Over the past several years, for instance, hundreds of millions of dollars have been appropriated in an attempt to better understand and hence be able to prevent active-duty troops and veterans from taking their life; very little seems to have been achieved that can be ascribed as having made a positive impact on cutting the numbers of suicides and overdoses.

Of particular interest and relevance to VVA and other VSOs and MSOs is “a course of instruction, of at least one day, on the benefits and services available under the law administered by the Secretary of Veterans Affairs.” There is far too much ignorance by

far too many veterans on the benefits and services which they have earned by virtue of their service in uniform. For this alone we would endorse this legislation.

There are, however, elements of this extremely prescriptive bill that ought to be rethought, e.g., the requirement that while all members eligible for assistance must participate, no service member “shall be required to attend more than one class or counseling session in any one-year period.” This seems self-defeating. And the sheer amount of analysis and paperwork that this bill would mandate will provide reams of statistics that, we fear, accomplishes little.

S. 2748, the Better Access to Technical Training, Learning, and Entrepreneurship for Servicemembers – or BATTLE–Act, introduced by Senators Sherrod Brown (D-OH) and Mike Rounds (R-SD), would require members of the Armed Forces receive additional training under the Transition Assistance Program.

It is a far more modest piece of legislation that attempts to improve DoD’s Transition Assistance Program.

VVA has no objection to the enactment of this bill.

S.____, to be introduced by Senator Bill Cassidy (R-LA), would require the Secretary of Veterans Affairs to establish a program to award grants to organizations (not “persons”) to provide and coordinate the provision of suicide prevention services for eligible veterans transitioning from the Armed Forces who are at risk of suicide, and for their families.

Suicide, it has been said, is a permanent solution to a temporary problem. Still, despite all manner of attempts by Congress, DoD, the VA, and communities to research the reasons why service members and veterans attempt or succeed at suicide, and hence to devise initiatives and programs to steer them to sources of comfort and assistance, suicide still claims far too many of those who have served the nation in uniform.

Despite the panoply of suicide prevention efforts, especially the VA’s well- disseminated call-in number which connects those contemplating taking their life with well-trained professionals who can help them, the VA *still* does not do consistent evaluations of all potential psycho-social, economic, and other material factors in suicides, both attempted and completed, in each and every instance. This gross failure on the part of VA after 15 plus years of this being a major public concern is simply inexcusable, and must be corrected prospectively as well as retrospectively before any more funding is just thrown at this problem.

S.____, *the Modernization of Medical Records Access for Veterans Act*, also to be introduced by Senator Cassidy, would direct the Secretary of Veterans Affairs to initiate a pilot program to establish “a secure, patient-centered, and portable medical records system that would allow veterans to have access to their personal health information.”

It seems to us at VVA that any VA patient can request his/her medical records simply by asking, because of the VA's pioneering electronic health record system, which should be made even more efficient as the \$16 billion IT modernization effort gets online. Certainly, the kernel of this bill can, and should, be incorporated into this effort. And implementation of the pilot program called for in this bill ought to help in the re-design of the VA's IT. However, this needs to be coordinated with DoD's upgrade of its IT system. With this caveat, VVA supports enactment of this legislation.

S.____, *the VA Hiring Enhancement Act*, introduced by Senator John Boozman (R-AR), would “provide for the non-applicability of non-Department of Veterans Affairs covenants not to compete to the appointment of physicians in the Veterans Health Administration.”

It appears that the goal of this bill is to make it somewhat easier for the VHA to hire medical professionals, to unencumber them from a covenant they may have entered into that could conceivably be used by a soon-to-be ex-employer to thwart their hiring by the VA. Inasmuch as there is a crying need in the VHA for more clinicians, so long as this bill is on solid legal footing, VVA fully supports its enactment, and thanks Senator Boozman for his leadership.

H.R. 5418, *the Veterans Affairs Medical-Surgical Purchasing Stabilization Act*, introduced by Congressman Jack Bergman (R-MI), would require the VA, in procuring medical, surgical, dental, or laboratory items for its medical facilities through the Medical Surgical Prime Vendor (MSPV) program, to award contracts to multiple regional prime vendors instead of a single nationwide prime vendor. It would prohibit a prime vendor from solely designing the formulary of items available for MSPV purchase. And it would mandate that the VA ensure that each employee who conducts formulary analyses or makes decisions about including items on the formulary has relevant medical expertise; and that the VA provide Congress, on a quarterly basis, with periodic lists of these individuals and their medical expertise listed by categories of formulary items.

VVA endorses the intent of this bill, but we balk at the requirement of naming individual employees as a matter of course, unless said individual is a SES or other senior VA manager. Certainly, if there is a question about a particular action by a specific employee, said employee needs to be named and called to task. The Accountability Act was supposed to make it easier to hold these senior managers accountable, not make it easier to scapegoat and fire those they manage. With this caveat, we endorse enactment of H. R. 5418.

S. 1952, the VA Financial Accountability Act of 2017, introduced by Senators Jon Tester (D-MT), John McCain (R-AZ), Joe Manchin (D-WV), and Tim Kaine (D-VA), would improve oversight and accountability of the financial processes of the Department of Veterans Affairs.

We have no dispute with the statement that “the normal budget process for the VA should be grounded in sound actuarial analysis based on accurate demand forecasting,” or that “supplemental requests for appropriations should be used sparingly and for unforeseen demand or natural occurrences.” We do question, however, the underpinnings of this legislation. Certainly, the VA does not come up with its budgetary needs in a void, although VVA has long contended that the so-called “Millman formula” always underestimates the needs of every generation. And then.... the Office of Management & Budget (OMB) gets ahold of the VA request, and shrinks an already underestimated set of figures. Ultimately it is up to Congress to determine how much is to be appropriated.

The concern, however, seems to be the unanticipated costs of fulfilling Congress’ promise to give veterans Choice. And going to private doctors and hospitals is only going to cost more and more – with which both the VA and you in Congress have to come to grips. If some “independent third party” can be contracted with to review and audit the financial processes, and actuarial and estimation models of the VA, and make recommendations for improving the reporting structures, fine.

Perhaps, however, Congress might first want to review the Final Report of the Commission on Care, which you created while initiating the Choice program back in 2014. Its estimates and forecasts seem pretty clear; the only issue is how much “Choice” do you want to fund – without further undermining the current already inadequate organizational capacity at the service delivery point of VA Medical Centers.

S.1990, the Dependency and Indemnity Compensation Improvement Act of 2017, introduced by Senators Jon Tester (D-MT), Richard Blumenthal (D-CT), and Mazie Hirono (D-HI). This bill would increase amounts payable by the VA to modify the requirements for Dependency and Indemnity Compensation (DIC) for survivors of certain veterans who had been rated totally disabled at the time of their death.

Although this bill does not attempt to correct the inequities inherent in the SBP-DIC issue, it does seek to increase the amount of DIC compensation payable to surviving spouses. This is commendable. It should be of significant help to spouses in financial need. And we support its enactment into law.

However, VVA must again state unequivocally that the gross injustice done to the widows “of those who have borne the battle” by deducting what is essentially an insurance program payout on which the soldier’s family paid into for years (SBP payments) from Death & Indemnity Compensation (DIC) is just wrong, both morally and in every other way. And all to save the Federal government a few bucks on a dead GI, ignoring the survivors.

S. 514, the No Hero Left Untreated Act, introduced by Senators David Perdue (R-GA) and Gary Peters (D-MI), would require the VA to carry out a one-year pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to treat veterans suffering from PTSD, TBI, MST, chronic pain, or opiate addiction.

“Congress recognizes the importance of initiating innovative pilot programs,” this bill asserts, “that demonstrate the use and effectiveness of new treatment options for post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction.” If in a pilot project this therapy proves to be promising or effective, initiating the pilot will be well worth whatever it might cost. This program should be funded from **Deployment Health** and other virtually useless programs, including Research & Development programs that do not in any way contribute to understanding toxic or other wounds of service members and veterans, or improving veteran health treatments.

S. 2485, the Medal of Honor Surviving Spouses Recognition Act of 2018, introduced by Senator Dan Sullivan (R-AK), would provide payment of the Medal of Honor special pension to the surviving spouse of a deceased Medal of Honor recipient.

Bearing in mind that those who have been awarded the Medal of Honor are true heroes and not the “hero” appellation that so many in Congress feel compelled to honor all those who serve in uniform. To provide a modest – \$1,329.58 a month – special pension to the surviving spouse of one of this nation’s heroes should be a no-brainer, and VVA is on board for the swift passage of this bill.

VVA thank you for the opportunity to present our views on legislation pending before this Committee, and we look forward to passage of H.R. 499, the Blue Water Navy Vietnam Veterans Act, and will be happy to answer any question the Committee may have.

**VIETNAM VETERANS OF AMERICA
Funding Statement
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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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“Rick” Weidman serves as Executive Director for Policy & Government Affairs on the National Staff of Vietnam Veterans of America (VVA). As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army medic, including service with the AMERICAL Division in Vietnam.

Mr. Weidman was part of VVA from 1978 to today. He left VVA full time staff to serve in the New York State Labor Department as State Veterans Program Administrator, then a stint as a senior staff member with the New York State Assembly, Veterans Affairs Committee. He returned to VVA full time in 1998. He has served on many veteran advisory groups and committees regarding veterans' issues, and is recipient of numerous awards for veterans' advocacy.

He also currently serves as Chairman of The Veterans Entrepreneurship Task Force (VET-Force), a consortium of private veteran and disabled veterans businesses and Veterans Service Organizations/Military Service Organizations dedicated to expanding business opportunities for veterans, and creating jobs for veterans.

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), where he played sports, and majored in Philosophy & Religion. He was elected student body president in 1966-67. Rick also did graduate study at the University of Vermont.

He is married and has four children.