

116th CONGRESS



**VIETNAM VETERANS OF AMERICA
LEGISLATIVE AGENDA & POLICY INITIATIVES**



The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the veterans of earlier wars were treated and appreciated by their nation.

— GEORGE WASHINGTON, 1789

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A Not-For-Profit Veterans Service Organization Chartered by the United States Congress

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As I write this, it is March 29, Vietnam War Veterans Day, courtesy of the 115th Congress. This day does not applaud the war but honors those who served in Southeast Asia during what was then America's longest conflict. Today it is also just about midway through a national appreciation of those who served and sacrificed for our nation, a commemoration that feels as if it's lasting longer than the war itself.

It is difficult for many of us, as President Reagan did during the dedication of *The Vietnam Veterans Memorial* in 1982, to think of the war as a "noble venture." But we maintain, and we fervently believe, that the overwhelming majority of those who were sent to Vietnam served as honorably and as capably as our elders did in the Second World War and Korea.

Our leaders, civilian and military alike, and the Bright Young Men who advised them, seem to have worn blinders. These notables knew little of the Vietnamese people, or the long and turbulent history of that troubled land. They did not understand why the enemy fought as hard and long as they did. When we got back to The World, our tour of duty ended, we were not greeted by a grateful nation. We were scapegoated by so many of our fellow Americans for the failures of our leaders. We were not embraced by many of the old-line veterans service organizations. So VVA, Vietnam Veterans of America, was born, to fill that void.

We have had some notable successes. We created the Vet Centers, and then saved them from oblivion seven years later. We put the ravages of PTSD and Agent Orange into the lexicon of war, and we insisted that these "invisible wounds" be treated and compensated. We fought for judicial review, giving veterans a means, however limited, of appealing unfair decisions by the VA. We became the only Vietnam veterans service organization to be chartered by Congress.

We may be past the zenith of our advocacy, but we have more to do, not only for our brother and sister Vietnam veterans but for the recently minted veterans who served in the Global War on Terror. Much of this is spelled out in the pages that follow. We will not rest until we can actively advocate no more. This is our promise to you.

John Rowan
National President

Top Priorities

The Fullest Possible Accounting of America's POW/MIAs has long been VVA's top priority. On May 7, 1975, the end of the Vietnam era, the Department of Defense listed 2,636 Americans as missing in Southeast Asia.

VVA will continue to press for answers for the 1,589 Americans still listed as killed in action, body not recovered, in Vietnam, Laos, Cambodia, and the People's Republic of China.

We will assist the Defense POW/MIA Accounting Agency in its mission and advocate to ensure it receives the funding necessary to investigate crash and burial sites and to recover remains. And we will continue our Veterans Initiative Program, working veteran to veteran with our former enemy in Vietnam, the former Soviet Union, and elsewhere, exchanging information and ensuring continued cooperation in pursuit of those still missing from the war.

* * *

For several years, VVA's top legislative goal was to enact a statute that would foster the peer-reviewed research necessary to determine if a parent's exposure to toxic substances might be responsible for certain birth defects, cancers, and learning disabilities afflicting far too many of the progeny of warriors.

In one of their final acts, the 114th Congress passed a "minibus" that incorporated much of the focus of S. 901 and H.R. 1769, the *Toxic Exposure Research Act*, P.L. 114.315. "This legislation will lay the groundwork for the research we need on the health of our children and grandchildren who we believe have been impacted by exposures during our military service," VVA National President John Rowan said. "This legislation will ensure that our newer veterans will not have to wait 50 years for answers."

Still, Rowan is quick to note, we have a lot more work to do – as does the VA, which must implement the law. We have been monitoring the VA's compliance, and we will push to prioritize its implementation.

The Legacy of Toxic Exposures

The experience of Vietnam veterans with exposure to the defoliant Agent Orange is hardly atypical. During the first Gulf War, 110,000 troops were exposed to fallout from the toxic plume of the Khamisiyah ammo dump detonation. Over the next several years, thousands of these men and women reported a variety of health issues now referred to as “Gulf War Illness.” In the wars in Afghanistan and Iraq, thousands more veterans have come down with respiratory and dermatological ills from exposure to burn pits, and both groups have suffered the harmful side effects from the anti-malarial, mefloquine.

VVA is seeking “champions” from both sides of the aisle in both houses of Congress to introduce and enact the *Toxic Wounds Registries Act of 2019*. This would direct the Secretary of Veterans Affairs to establish a master registry to incorporate registries for:

- Exposure to Agent Orange and other herbicides during and in the aftermath of the Vietnam War;
- Exposure to toxins relating to a deployment during the Gulf War;
- Exposure to toxins from a deployment during Operations Iraqi Freedom, New Dawn, and Enduring Freedom, and the Global War on Terror;
- Exposure to toxins during a deployment to Bosnia, Somalia, and the Philippines; and
- Exposure to toxins while stationed at a military installation contaminated by toxic substances here in CONUS.

The *Toxic Wounds Registries Act* would authorize the VA Secretary to enter into an agreement with the National Academies of Science, Engineering,

and Medicine to review published scientific research and make recommendations for future research on the health effects of the exposures noted in these registries; and would require those reviews to inform the Secretary’s selection of research to be funded by the VA.

Additionally, the *Toxic Wounds Registries Act* would also establish a presumption of service connection for an illness the Secretary determines warrants such presumption because of a positive association with exposure to a toxic substance denoted in the master registry.

It is our intent to enlist a coalition of VSOs and MSOs to work in concert, buttressed by a coordinated grassroots campaign, to enact this legislation.

Enacting the Blue Water Navy Act

In the 115th Congress, following public hearings in the House Veterans’ Affairs Committee, the *Vietnam Veterans Blue Water Navy Act* was passed 382-0. When H.R. 299 moved to the Senate, objections by two Senators—Mike Enzi (R-Wyoming) and Mike Lee (R-Utah)—scuttled this legislation.

Along with our fellow Veterans Service Organizations and Military Service Organizations, we are working to enact this legislation. Dr. Phil Roe (R-Tennessee), now the Ranking Member in HVAC, reintroduced the Blue Water Navy bill, now H.R. 203, as a “place-setter.” Mark Takano (D-California), HVAC chairman, reintroduced H.R. 299 and made its enactment his priority. The science is compelling and the potential costs are reasonable.

For VVA, enacting H.R. 299 is our top legislative goal.

Extending and Expanding the Relationship with NASEM

The Agent Orange Act of 1991 mandated that the VA engage the Institute of Medicine, now the National Academy of Medicine, to convene panels of experts every two years to review the scientific literature; hold public hearings; produce their findings on health conditions that have a level of association with exposure to dioxin; and publish their findings in biennial editions of *Veterans and Agent Orange*.

There is a real need for Congress to authorize the funding for at least another decade and to expand its scope to embrace the potential effects of toxic exposures on veterans of all eras, including places known for the presence of toxic substances—places like Fort McClellan, Fort Detrick, and the Marine air base at El Toro, California.

We are dealing with veterans, not procedures; with their problems, not ours.

— GENERAL OMAR N. BRADLEY, ADMINISTRATOR OF VETERANS AFFAIRS, 1946



Fixing the VA

The Phoenix wait-time scandal of 2014 has had lasting repercussions. Although the VA became fodder for congressional criticism, the underlying cause of the scandal was an appalling shortage of clinicians. Yet the Veterans Health Administration made major strides to integrate community care into the VA healthcare system, a system of which 92 percent of its users acknowledge the services they receive range from good to excellent.

Still, Congress enacted the *Choice Act* in the autumn of 2014, initiating a fevered effort by VA leadership to comply with its goals, many of them unrealistic. The *Choice Act* also created a Commission on Care, which released 18 major recommendations in July 2016. Among its determinations was VA healthcare should not be privatized, but it should integrate more community care to provide what the VA is unable to deliver in a local area. While the commission determined that there should not be unfettered

choice in selecting clinicians, it recommended that veterans ought to be able to choose a primary-care clinician from the community. VVA opposed this recommendation as it distorts the central and necessary role the VA plays in coordinating care and prescription medications for the more than six million veterans who receive health care at VA medical centers and community-based outpatient clinics.

Certain provisions of the *MISSION Act*, P.L. 115-182, passed in the last days of the 115th Congress, are troubling and potentially

devastating. Because payments to private-sector providers come directly from the Veterans Health Administration budget, services in several of the VA facilities may be compromised in a budget squeeze, causing the erosion of services and a reduction in staff. Veterans who use these facilities will regret Congress' affinity for "choice." Most veterans want the VHA to be strengthened; and this will not happen if more veterans are channeled to private-sector providers.

Oversight and Accountability

The formula for estimating the funding to be needed in future years by the VA healthcare system has been incorrect since it was initially implemented in 2003. A civilian formula, it failed to take into account that veterans have more things wrong with them as they age than their civilian counterparts. It failed to foresee the increasingly complex needs of aging combat-wounded warriors. It failed to acknowledge the greater medical and mental-health needs of the average VA patient. It did not anticipate dramatically increased enrollment. The bottom line: the VHA needs more qualified, caring clinicians to care for the veterans who use VA facilities.

On a parallel track, real accountability is a necessity in the management of the VHA. A key to achieving this is to overhaul the system of bonuses for the Senior Executive Service. Bonuses should reward only those who have done stellar work over and above their responsibilities, as well as those who innovate and improve the systems and projects under their auspices. Any manager or supervisor who lies to a veteran, to their supervisor, or to a Member of Congress should be dismissed for cause.

Adequate funding is not the singular fix in shrinking the backlog of claims and appeals encountered by long-waiting veterans through the beleaguered Veterans Benefits Administration. VVA will continue to work with the VBA to introduce and integrate IT pilot projects that streamline the compensation and pension system and address the backlog of claims currently before the Board of Veterans' Appeals. There also must be competency-based testing of service representatives and VA adjudicators; "challenge training" for all staff; and an expansion of the "lane" system so that relatively simple claims can be resolved expeditiously.

Organizational Capacity for Substance Abuse Treatment

Considering the plague of opioid addiction taking lives and decimating families, VVA is concerned that substance-abuse disorders among our nation's veterans are inadequately addressed. The relatively high rate of drug and alcohol abuse among veterans (often symptomatic of untreated PTSD and TBI) is a source of significant suffering for veterans and their families.

VVA urges Congress to direct the VA Secretary to provide quarterly reports, beginning with a baseline report by each Veterans Integrated Service Network and each VA Medical Center, on their number and type of mental-health clinician, especially those who treat veterans for PTSD and substance abuse.

VVA also urges Congress to direct the Secretary to update the VHA's Strategic Plan for Mental Health Services. At minimum, quarterly reports should be required, to include the ranking of networks on their substance-abuse treatment

capacity, along with plans by the bottom quartile to bring their operation up to the national average; the locations of VA facilities that provide five or more days of inpatient/residential detoxification treatment; and the locations of VA healthcare facilities without specialized substance-use disorder providers on staff, with a statement of intention of plans to employ such providers or take other steps to provide this care.

The VHA must continue to restore and enhance its capacity to deal with mental-health disorders, particularly PTSD and substance abuse. Substance-abuse treatment needs to be expanded and become more reliant on evidence-based medicine and practices.

Innovative treatment modalities showing promise in restoring veterans so they can obtain and sustain meaningful employment at a living wage should be initiated.

National Center for PTSD

Additional resources must be directed to the National Center for PTSD to expand its organizational capacity. VVA believes that if we provide enough resources, and VA managers are held accountable for how well they apply these resources in helping veterans afflicted with PTSD and/or TBI, many veterans suffering these debilitating wounds will become well enough to lead a happy and productive life.

Separate Funding Line for the Vet Centers

Funding for the Vet Centers—the Readjustment Counseling Service—one of the most consistently successful VA programs, despite issues at some centers, should be directed to develop or augment permanent staff. These dollars should

facilitate better coordination with the PTSD teams and substance-use disorder programs at VAMCs and CBOCs.

The Secretaries of the VA and Health and Human Services should work with state governments to provide counseling through community mental-health centers to the families of those returning from combat deployments.

Extending the Caregivers to Pre-911 Veterans

The 115th Congress passed the MISSION Act, P.L. 115-182, which included language in Section 161 to expand the VA Caregiver benefits to pre-911 veterans. VVA recognizes that aging Vietnam veterans are the nation's largest living cohort in the veteran community and that the expansion of this program will require a lot of money, but it pales in comparison to the sacrifices of the men and women who have served. We pledge to work with Congress and the administration to fully implement this overdue benefit for Vietnam veterans and their families.

Resources for Blind and Low-Vision Veterans

VVA recommends that Congress direct funding to increase staffing and programming at the VA's Blind and Visually Impaired Service Centers, and to designate at least one additional center within the VA.

VVA also believes that Congress must direct the Secretary to implement an employment and independent living project, which places blind and visually impaired veterans into work and other situations to help them become more autonomous and independent.

Medical and Prosthetic Research

VA's research program is distinct from that of the National Institutes of Health in that 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 hazardous environmental exposures, TBI, post-deployment mental-health issues, long-term care service delivery, and prosthetics to meet the multiple needs of the newest generation of combat-wounded veterans.

VVA recommends a significant increase in funds be directed at peer-reviewed research on toxins that have impacted members of the military and/or their families, particularly their progeny.

Outreach

Most of the 18.2 million U.S. veterans are unaware of the benefits they have earned as a result of their military service. Even those who do access the VA's healthcare system and/or its benefits apparatus are not familiar with much of what is available to them, their families, and their survivors. The VA has the ethical obligation, as well as a legal responsibility, to inform veterans and their families of the benefits to which they are entitled and the possible long-term health issues that might originate from their service.

The VA has begun to take seriously its responsibility to do outreach. While these efforts may seem scattershot and limited at times, we encourage the VA to continue with its outreach efforts, and to initiate a unified strategic communications plan that fully integrates social media outreach events with traditional media outlets. These have a dramatic effect

in informing veterans—and their families—about issues and benefits, and in reassuring veterans that the VA is living up to its founding principle: *To care for him who shall have borne the battle, and for his widow, and his orphan.*

Disability Benefits Claims—A Crisis in the Making?

The Veterans Appeals Improvement and Modernization Act of 2017 (AMA), P.L. 115-55, one of the most significant statutory changes to the disability benefits adjudicatory system in decades, is now the law of the land. The VA calls it a “streamlined process,” one that will give veterans “timely resolutions of disagreements.” The VA highlights the speed at which it plans to adjudicate claims under the new law by pronouncing it will adjudicate VBA-level claims and direct-review Board appeals in an average of 125 days and 365 days, respectively.

Glaringly absent from the VA's rosy announcement is the focus on something that is arguably *more* important to veterans than speedy decisions: ensuring that these decisions are accurate, final, and just. The Board touts a decision accuracy rate of 93.6 percent, yet the Court of Appeals for Veterans Claims remands approximately 76 percent of its decisions back to the Board of Veterans' Appeals.

In the real world, a system that generates an *inaccurate* but speedy decision is not a win for veterans. A system that requires a veteran to appeal, and appeal again, to receive an accurate decision is not a win for veterans. A recent study in the *Journal of Law, Economics, and Organization*, “Quality Review of Mass Adjudication: A Randomized Natural Experiment at the Board of Veterans' Appeals,” looked into

the Board’s “quality-assurance” program and found that the Board generates a meaningless measure of decisional quality, and troublingly, the program is completely ineffective at reducing appeals or remands/reversals.

VVA implores Congress to fulfill its oversight role by mandating that the VA regularly, and publicly, disclose information about its quality-assurance program, to include details about its design, how it is administered, and the raw data generated. Additionally, Congress would be wise to mandate the creation of an independent body to audit VA’s quality-assurance initiatives. This body ought to include stakeholders, VSO representatives, and subject-matter experts. Indeed, with appropriate oversight and program incentives and reforms, a data-driven quality-assurance system can be developed and implemented to increase decisional accuracy and prevent the need to appeal, which is the conclusion of “Due Process and Mass Adjudication: Crisis and Reform,” in a forthcoming issue of the *Stanford Law Review*.

There also must be competency-based testing of service representatives and VA adjudicators; “challenge training” for all staff; and an expansion of the “lane” model to reduce the scandalous number of overpayment cases.

On a parallel track, there still needs to be real accountability in the management of both the VBA and VHA. One key to achieving this, as we’ve advocated for several years, is to overhaul the system of bonuses for the Senior Executive Service. Bonuses should reward those who have done stellar work *over and above* their normal responsibilities, and those who *innovate and improve* the systems and projects under their auspices. Conversely, any

manager or supervisor who lies to a veteran, to their supervisor, or to a Member of Congress should be dismissed for cause.

Organizational Reform

The VA must embrace a corporate culture that measures its vocational rehabilitation programs and educational initiatives against how much they assist veterans in obtaining and sustaining employment at a living wage.

The VA moved in the right direction by creating an Office of Economic Opportunity. This administrative change, however, does not go far enough. VVA, therefore, will continue to advocate for legislation to create a Veterans Economic Opportunities Administration, to be headed by an Under Secretary confirmed by the Senate.

The VEOA would house the Vocational Rehabilitation Service, the Veterans Education Service, and the Center for Verification and Evaluation. It would grant functional control, if not the outright transfer, of VETS, the Veterans Employment and Training Service, from the Department of Labor, as well as newly federalized DVOP (Disabled Veterans Outreach Program) and LVER (Local Veterans Employment Representative) positions, which reside in state departments of labor.

Additional Priorities & Initiatives

Prisoners of War/Missing in Action

- We will endeavor to ensure that the U.S.-Russia Joint Commission on POW/MIA Affairs remains a separate and independent entity with an adequate budget.
- Because the POW/MIA flag has become a universal symbol for service members taken prisoner in every war in which American troops have been deployed, VVA urges its year-round display on all government buildings—federal, state, county, and municipality.
- VVA will press to have all U.S. government documents pertaining to POW/MIAs declassified and released for public inspection, and will encourage Congress to pass a resolution urging the governments of Vietnam, Russia, and China to provide all relevant wartime records.
- VVA will work with the Department of Defense to ensure that all families of those still listed as POW/MIA have provided DNA samples for potential identification of recovered remains.
- VVA will endeavor to press the appropriate authorities to authorize a new POW/MIA “Forever Stamp” to add awareness about this issue.

Agent Orange/Dioxin & Other Toxic Substances

- VVA will work with the relevant federal departments to establish a board of advisors and to implement the necessary research on the effects of military toxic exposures on the progeny of veterans.

- VVA will support legislative efforts and other initiatives to achieve justice for veterans who served where Agent Orange and other toxic substances were stored: Fort McClellan, Fort Detrick, and other bases in CONUS; in Guam, Okinawa, Korea, the Philippines, Thailand, Johnston Atoll, and elsewhere.
- VVA will urge Congress to investigate why the VA has ceased providing custodial care and/or non-medical case-management services for Agent Orange children afflicted with spina bifida, and we will push the VA to provide these vitally needed services.
- VVA calls on Congress and the president to take measures to declassify all documents pertaining to herbicides and other defoliants and toxicants employed in the Vietnam War.

PTSD and Substance Abuse

- VVA will continue its efforts to ensure that the Department of Defense corrects all wrongful diagnoses of “personality disorder,” “adjustment disorder,” and “readjustment disorder” discharges of its men and women, so that all veterans found to have been inappropriately diagnosed and discharged are correctly diagnosed and accorded access to the benefits, care, and discharge upgrade to which they are entitled.
- VVA will work with Congress to ensure that DoD and VA develop, fund, and implement evidence-based, integrated psychosocial mental-health programs, substance-abuse recovery treatment programs, and suicide-risk assessment programs for all veterans, as well as active-duty troops, Reservists, and the National Guard activated under title 10, and their families.

- VVA will take whatever measures are deemed necessary to ensure accountability for the organizational capacity and funding for accurate diagnoses and treatments through the application of evidence-based instruments and continuing social support structures to maintain gains made treating the neuro-psychiatric wounds of war.

Veterans Health Care

- VVA will insist that VA researchers focus on studies that delve into the wounds, maladies, injuries, and traumas of war, with specific research into the health issues unique to all U.S. military operations and troop deployments.
- VVA will encourage Congress to mandate that the VA change its method for adding, or not adding, pharmaceutical treatments and drugs to its prescription drug formulary, bringing it into line with the more transparent and expansive formulary process used by DoD.
- VVA will continue to press the VA to research and implement long-term care and wellness options for our country's aging veteran cohort, a need that is only going to increase over the next decade.
- VVA will advocate for legislation that protects from disclosure a veteran's genetic information.

Homeless Veterans

- VVA will seek legislative action to extend authority for five years and to revise the VA's Homeless Grant and Per Diem funding from a reimbursement for expenses to a payment, a change that is essential to the effective operation of those community-based

organizations delivering the majority of these services.

- Because per diem dollars received by service centers are not enough to meet the special needs of homeless veterans who seek assistance, and because service centers for veterans are vital in that most local social services agencies have neither the knowledge nor the capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans, VVA will seek legislation to establish Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.

Veterans in the Justice System

- VVA will work with Congress and with the Department of Justice to ensure that incarcerated veterans are identified, assessed for PTSD, TBI, and other trauma and, where appropriate, support alternative diversionary treatment services, specifically veterans treatment courts.
- VVA will seek measures to ensure the provision of reentry and support services for incarcerated veterans.
- VVA will work with Congress to ensure that the VA provides benefits for veterans who are temporarily confined in jail or incarcerated in prison.
- VVA will encourage the further development of "barracks behind bars" in jails and prisons in jurisdictions across the country.

Women Veterans

- VVA will press for hearings in the House and Senate to directly address the occurrence of military sexual trauma, calling for accountability at all levels of leadership in the VA and DoD.
- VVA will seek an evaluation of all sexual trauma intensive treatment residential programs to determine if wait-time for admission is appropriate and geographically accessible.
- VVA will advocate for a Government Accountability Office report on the administration of women veterans' health programs in the VA, identifying barriers to and root causes of any disparities in the provision of comprehensive medical and mental-health care, including Compensation and Pension examinations.

Minority Veterans

- VVA will support legislation, if necessary, to ensure that veterans receive culturally and linguistically appropriate healthcare.
- VVA will work to ensure that all communications from the VA to veterans in communities where Spanish and languages other than English are spoken are sent in English and Spanish, as well as other relevant languages.

Compensation & Pension

- VVA will seek legislation to secure a pension for Gold Star parents, and will continue to seek the permanent prohibition of offsets of

Survivors' Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for the survivors of service members who die while still in the military.

- To promote uniformity and equality in claims decisions, VVA will seek a change in policy to mandate that VA staff, VSO and county veterans service representatives, and other stakeholders collaborate on developing uniform training materials, programs, and competency-based re-certification exams every three years for service officers.
- VVA will continue to “encourage” the Veterans Benefits Administration to follow its own best-practices manual in determining the degree of disability and percentage of compensation for veterans suffering from PTSD and other mental health conditions.
- VVA will advocate for veterans with a 50 percent or greater disability rating to be eligible to receive/purchase the same level of government life insurance as veterans rated at 100 percent.

Economic Opportunity

- VVA will seek legislation to protect veterans (including incarcerated veterans), active-duty service members, Reservists, and the National Guard from discrimination in the provision of housing and employment.
- VVA will seek the renaming of the Vietnam-Era Veterans Readjustment Assistance Act (VEVRA) to the Wartime and Disabled Veterans Readjustment Assistance Act (WADVRA) to embrace veterans of all wars.

- VVA will seek to amend the Post-9/11 G.I. Bill to enable veterans who choose to convert a reasonable amount of this benefit to a low-interest business loan, provided they have a business plan that has been reviewed and approved by the Small Business Administration.
- By the same token, VVA will seek alternative funding sources for veterans starting and/or growing businesses, to include but not limited to loans, lines of credit, and cash advances to allow more veterans access to capital.

The Newest Veterans

- VVA will continue to press DoD and VA to ensure adequate staffing of mental-health personnel and services to meet the needs of this generation of veterans. We cannot overemphasize the urgent and ongoing need for adequate mental and behavioral healthcare in rural or remote areas of the country, as well as in urban and suburban settings.
- We will endeavor to ensure the VA and the Veterans Crisis Line are capable of responding to a veteran's suicidal ideations posted on social media, and consequently to encourage the VA to bring together social media companies in a suicide-prevention task force to employ best practices in the sharing of actionable information necessary to dispatch first responders in emergencies.
- VVA will continue to support veterans who have been denied proper diagnostic services and care for wounds and injuries related to their service, including those veterans who have been inappropriately branded with an other-than-honorable discharge.



- VVA will seek to ensure that the VA complies with Public Law 115-141 in developing a transparent process for other-than-honorably-discharged veterans to apply to a character of service determination.
- We will seek to restore eligibility for the *Forever G.I. Bill* to all veterans separated from the military without the due process rights of a trial by general court martial, as was the standard for the original G.I. Bill in 1944.
- VVA will continue to promulgate and support new public and private initiatives to create jobs for returning veterans, especially for members of the Reserves and National Guard; and to ensure that supportive services, such as mentoring programs, are integral elements of these initiatives.
- VVA will continue to expose the excesses, greed, and shame of any institution of higher learning guilty of fraudulent practices that deceive the veterans they are supposed to prepare for a career, leaving them with worthless degrees and heavy personal debt.
- VVA will continue to work to improve educational and vocational programs, such as the *Post-9/11 G.I. Bill* and Vocational Rehabilitation, so that student veterans are able to achieve their maximum potential without drowning in debt.

VETERANS HEALTH COUNCIL

The mission of the VHC is threefold:

- 1) To inform veterans and their families about health issues related to their military service as well as VA healthcare and benefits available to them.
- 2) To educate physicians, clinicians, and other healthcare professionals about health issues associated with military service.
- 3) In concert with other healthcare organizations, to develop educational materials for medical colleges, nursing schools, teaching hospitals, and related entities that emphasize the healthcare needs of veterans.

To these ends, the VHC will continue its education, information, and advocacy initiatives to improve the quality of healthcare for all of America's veterans and will continue to press the VA to develop and implement a unified strategic outreach plan to do so.

Additional information can be found online at www.veteranshealth.net

APRIL 2019

CREDITS

Photography:

Cover: left: U.S. Army, right: National Museum of the U.S. Air Force

Page 4: U.S. Army Operations in Vietnam, R.W. Trewyn, Ph.D. , (10) APC Defoliation, National Archives: 111-CC-4966 originally found in Box 1 Folder 9 of Admiral Elmo R. Zumwalt, Jr. Collection

Page 12: Image by Senior Airman Julianne Showalter, USAF

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Never again will one generation of veterans abandon another.



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