



LEGISLATIVE PRIORITIES & POLICY INITIATIVES

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A new year gives us an opportunity for a fresh start and to make positive changes in the lives of our servicemembers, veterans, caregivers, and survivors through advocacy, education, and outreach. Below are Vietnam Veterans of America's legislative priorities for the 118th Congress.

Gaining the Fullest Possible Accounting: Vietnam Veterans of America (VVA) has worked toward resolution of the POW/MIA issue for more than 45 years, since our founding in 1978, aiming for the fullest possible accounting of all POW/MIAs. We believe that Congress must exercise close oversight to ensure that the maximum effort is made to secure the release of any American who might still be held captive, and to recover the remains of those who have perished.

Addressing the Legacy of Toxic Exposures: From Vietnam to the present-day, members of the U.S. military have been exposed to numerous toxic elements, both at home and abroad. What has made the situation more disgraceful is the fact that our government often hid the negative impacts of these toxic substances from everyone serving in affected areas, and fought their resulting claims with VA for many years. Congress must ensure that VA conducts the multigenerational toxic exposure study required by Section 632 of the *Toxic Exposure Act* (P.L. 114-315).

P.L. 116-23 Blue Water Navy Vietnam Act 2019. Extended benefits to servicemembers that served in the territorial waters off the coast of Vietnam and were exposed to Agent Orange. VVA calls on Congress in the strongest terms to amend P.L. 116-23 to extend the nautical mile limitation sufficient to include U.S. Navy and Marine Corps Vietnam veterans who were assigned to the Vietnam Theater of Combat Operations or received the Vietnam Service Medal.

Congressional GAO Study Addressing Burn Pits in Southeast Asia during the Vietnam War: During the Vietnam War, hazardous waste removal sites emitted toxic chemicals into the air. VVA calls on GAO through an act of Congress to study the likelihood that the exposure to these airborne hazards may have led to adverse effects on veterans' health and healthcare.

Implementation of the PACT Act: The *PACT Act* marks one of the greatest expansions of veteran healthcare and benefits in our generation. VVA opposes ANY attempts to cut appropriated funding from the Cost of War Toxic Exposure Funds established under Section 805 of P.L. 117-168 in the *PACT Act*. We have a right as veterans to ensure that Congress will not raid this program and put veterans in harm's way who have borne the burden of service and have suffered from the effects of toxic exposure. They must receive the critical care and compensation they justly deserve.

Aging Veterans: The U.S. population is rapidly aging. According to the Census



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Bureau, the U.S. population ≥ 65 will increase almost 70 percent by 2060. An analysis of data from the Health and Retirement Study (HRS), The National Center for veterans Analysis & Statistics (NCVAS) reports that in 2020 almost 9 million veterans were 65 or older. After six years of being on the GAO's High-Risk List, VA "still lacks a clear and comprehensive roadmap to address VA health care concerns and has not demonstrated meaningful progress." VVA will work with Congress and the Administration to remove the barriers that aging veterans face regarding access to care and treatment at the VA.

Homeless Veterans: VVA recognizes the tremendous strides that have been made by VA in addressing and providing services for homeless veterans; however, our country's homeless problem is a national disgrace that refuses to fade. Homelessness has varied definitions and many contributing factors. Among the latter are PTSD, lack of job skills and education, substance abuse, and mental-health problems. The homeless require far more than just a home. A comprehensive, individualized assessment and a rehabilitation or treatment program are necessary, utilizing the continuum of care concept. VVA will work with Congress and the Administration to ensure that the VA receives adequate funding that will end homelessness among veterans.

Women Veterans: VVA is proud to have been a moving force in the establishment of the VA Advisory Committee on Women Veterans and the Center for Women Veterans within the VA. With the increased number of

women in the military, the needs of women veterans are emerging, unfolding, and rapidly changing. Maintaining effective, quality programs, services, and benefits requires the constant oversight and attention of Congress.

Rural Veterans: A disproportionate share of veterans live in rural America. According to the National Center for Veterans Analysis and Statistics and the U.S. Department of Veterans Affairs, Office of Rural Health (VA-ORH), of the 20 million veterans in the U.S., 4.7 million live in rural America. Fifty-eight percent, or 2.7 million of these rural vets are enrolled in the Veterans Affairs (VA) healthcare system; of those rural, VA-enrolled veterans, 55 percent are 65 years and older, and 56 percent are affected by a service-related condition. To best meet our obligations to those who have served our country, it is critical to focus on opportunities to improve care. Congress must: (1) Expand access to accessible, culturally sensitive primary care, behavioral health, specialty care, and other support services; (2) Improve coordination and co-management of veterans between VA and community-based service systems; (3) Increase availability of community-based services; (4) Explore the use of technology and transportation programs to increase access and outreach; and VA must continue expansion of the Veteran-Directed Care Program.

The Program of Comprehensive Assistance for Family Caregivers: PCAFC provides a wide range of benefits, including



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monthly stipends, reimbursement for travel costs, medical coverage, training, counseling, and respite-care caregivers for veterans who were severely injured during service to their country. Since its implementation in 2011, the program has been plagued by chaos and mismanagement. VVA looks to work with Congress and the administration to remove the 70 percent service-connection requirement; to discontinue assessment for triple and double amputees; to standardize practices across the VHA; and most importantly, to implement transparency on data collection for veterans accepted and denied into the program by race, gender, and military service.

Medical Care Foster Home: VVA is grateful that Congress included language in the FY2023 Omnibus package authorizing VA to fund nine hundred veterans in VA medical foster homes. VVA will work with Congress and the administration on implementation of this provision in the law, as we believe that this program will enhance the life and dignity of our aging veterans.

Beneficiary Travel: The Veterans Transportation Service (VTS) program was established under the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012. The purpose of this program is to assist visually impaired, elderly, and immobilized veterans' populations, as well as those living in remote or rural areas, in accessing transportation to and from VA medical facilities or other authorized non-VA

health care appointments. VVA is quite concerned that this program is not meeting the needs of those severely disabled veterans who access it through their local VAMC. We call for Congress to hold an oversight hearing on this program.

Veterans With Long-Term PTSD: There can be no doubt that the experiences of veterans can and often do cause mental health injuries that can be just as debilitating as physical wounds. If left untreated, post-traumatic stress disorder and other psychological traumas can affect combat veterans – both men and women – to the point that, over time, even their daily functions become seriously impaired. This places them at higher risk for self-medication with and abuse of alcohol and drugs, domestic violence, unemployment, homelessness, and even suicide. VVA calls on Congress to restart clinician-led continuing care groups for veterans with PTSD and other mental health issues; to ensure the *Vet Center Improvement Act* is actually implemented; and to take steps to assist veterans suffering from PTSD who are in the process of consideration for discharge upgrade. VA must do all within its power to improve staffing numbers of mental health professionals, including using all internships, fellowships, scholarships, community health workers, and other means to build a pipeline of diverse, capable providers. Additionally, mental health counselors and social workers should receive equal pay whether they work at VHA, or in Vet Centers. Their work is no more or less important at either facility; thus, the pay should be equal. VA must also find



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any means possible to speed up the hiring process without sacrificing the scrutiny of credential certification and verification of identity to fill vacancies in its mental health departments and Vet Centers.

Veterans Suicide: The subject of suicide is extremely difficult to discuss. It is a topic that most of us would prefer to avoid. Accurate statistics on deaths by suicide are not readily available because many are not reported, or are misreported for insurance reasons, or in keeping with the desire of local officials to avoid the “stigma” of suicide in a family. Many of us, as veterans of the Vietnam War and as comrades and caregivers to our brother and sister veterans, have known someone who has taken their own life, who has made the attempt to take their life. VVA calls on Congress to enact a law requiring death certificates to indicate whether the deceased served in the military; and the VA must establish a clear path to reimburse community providers to whom the VA has referred veterans for mental health care and treatment.

Major Richard Star Act: In 2004, Congress acknowledged the injustice of the offset, by granting concurrent receipt of VA disability benefits and DoD retirement for retirees with at least 20 years of service, who are rated 50 percent disabled or greater. However, those rated 40 percent disabled and below, and those unable to complete 20 years of service due to service-connected injury or illness, are still subject to the offset. VVA will work with Congress, MSO/VSO to ensure that the

Major Richard Star Act is enacted into law in the 118th Congress.

Korean American VALOR Act: VVA calls for Congress to amend title 38 of the United States Code to allow the VA Secretary to enter into a reciprocal agreement with the Republic of Korea to grant access to healthcare, through the Department of Veterans Affairs, to individuals who served as allies to the U.S. in the Vietnam War under the Republic of Korea Armed Forces, and who subsequently moved to the U.S. and became naturalized American citizens. VVA will work with Congress to ensure that the Korean American VALOR Act is enacted into law in the 118th Congress.

Vietnam Veterans of America (VVA) is the only national Vietnam veterans' organization congressionally chartered and exclusively dedicated to Vietnam-era veterans and their families. www.vva.org