New Jersey State Council, Inc.
Vietnam Veterans of America
2008 Position Paper

New Jersey Veterans Nursing Homes

1. We oppose the privatization of Veterans Facilities. We continue to call for adequate funding at our New Jersey Veterans Nursing Homes to cover all services and amenities to guarantee our veterans a dignified quality of life. We continue to seek the full occupation and staffing of the three New Jersey Veterans Nursing Homes in Paramus, Menlo Park and Vineland. We support adequate funding to ensure that the staff be adequately trained and qualified in the care of special needs patients. With the continued budget crisis and the number of veterans in need of nursing home care expected to rise in the next several years, this position anticipates the worst. Time and again veterans of New Jersey have had to bear more than their share of the financial shortcomings that impact all of our citizens. Now is the time for all veterans to advocate for the veterans who reside in the facilities in Paramus, Menlo Park and Vineland. We urge the New Jersey Senate and Assembly to support efforts to secure funding from the United States Congress for the construction of a multi-purpose room at the Veterans Memorial Home at Paramus. The Paramus facility lacks available resident programming space and needs an area for the residents and family members to participate in social activities and special events. Resident activities take place in dining areas which have limited space and cannot accommodate the resident population. This means that many residents and family members must participate in special events, such as holiday meals and Veteran's Day and Memorial Day observance, by watching from outside the entrances. SR83, introduced in the Senate December 12th, 2006 and referred to the Senate Law and Public Safety and Veterans Affairs Committee urges the United States Congress to endorse legislation to match State funding for a multi-purpose room for Paramus Veterans Memorial Home. We urge passage of this resolution and a full court press on our federal representatives to secure federal funding for the construction of a multi-purpose room at this facility without further delay.

2. We urge that funding be provided to ensure "safe areas" at the nursing homes to serve those residents who suffer from Alzheimer's or other forms of dementia. By bringing these patients to one supervised area, they will not be hazards to themselves and others, thereby increasing staff efficiency and cost efficiency. Special needs veterans should have their needs addressed as a matter of necessity as well as patient and staff safety. The ability of the staff to respond and adapt to changing health care needs of our veterans should not be subjected to financial constraints. Sufficient funding to provide for everyone's safety should be a priority.

3. All veterans should be considered for admission to veterans' homes regardless of assets or income, with priority given to needy veterans. The commitment and obligation of the state and its citizens to our veterans should not be determined only by the veteran's financial status. Our veterans have served our country and protected our freedoms with honor and pride while in uniform. Many who have served and sacrificed still bear the scars of those battles in defense of our liberty. Our nation owes them so very much.

New Jersey State Legislature

1. The Legislature and Governor must continue to meet the growing needs of the veteran community through adequate funding of the Department of Military and Veterans Affairs to provide for capital improvements to the state nursing homes, adequate staffing levels to allow maximum bed space at our state nursing homes, increased funding for transportation needs for our veterans in the nursing homes and adequate funding to provide for staffing, maintenance and operations of the state's veterans' cemetery and memorials.

2. The veteran real estate exemption should be increased to reflect inflation and cost of living allowances (COLA), annually and automatically. At age 65, all veterans, regardless of income, should receive the senior citizen exemption in addition to the veteran exemption. The value of a veteran's

service to his country should not be diminished by rising property taxes, inflation or attainment of a certain age. When one benefit must be relinquished to achieve another the value of the benefit diminishes. No veteran should be required to forfeit one benefit to obtain another to which he/she is entitled. If a veteran is entitled to two benefits, he/she should receive both.

3. We urge the legislature to fund a cost-effective Home Health Care program for veterans designed to alleviate the critical nursing home shortage and state budget crunch. Our veteran community is made up of many older veterans who could benefit from home health care which could be provided at a lesser cost than institutionalized care resulting in a savings for the taxpayers while lessening the pressure to make more institutional beds available. Maintaining an individual in his/her own home has been proven to be cost-effective and considerably more beneficial to the individual. We are pleased with the passage of P.L. 2007, c.123 which requires the Department of Military Affairs to evaluate resources, costs and benefits of providing home health care aides for qualified veterans. We are mindful of similar legislation in 1975 that also provided for a study to evaluate resources, costs and benefits of providing home health care aides for qualified veterans. We call for passage of the Veteran Home Health Care Demonstration Program, legislation originally introduced in May 2003 that will provide home health care services to frail and elderly and disabled veterans who would otherwise require long-term institutional care and who are not eligible for coverage under the Medicaid program. This bill includes a $1,000,000 appropriation to develop and implement the demonstration program.

4. We urge the legislature to continue to promote programs to identify and assist our homeless veteran population. Eradicating homelessness among our veterans must be a priority. Breaking the cycle of poverty and isolation and moving from the streets to self-sufficiency for many veterans requires the assistance of our government. This requires a consistent ongoing effort to not only deal with the current homelessness crisis in America, but to also maintain a program to prevent to the extent possible the root causes that lead to homelessness.

5. We must continue the New Jersey State Civil Serve "absolute preference" granted to veterans, as enacted by state law, including all veterans who were in service during armed conflicts. Every effort should be made to help veterans apply for and establish entitlement to absolute preference employment opportunities.

Legislation that would expand eligibility for veterans' hiring preference in the civil service so that individuals who are eligible for veterans' preference in the federal civil service but are not eligible for preference in the state civil service would receive additional points above the individual's earned score on state civil service examinations originally was introduced in January 2005. The application of this new benefit to disabled veterans who did not serve in a time of war would apply only if an amendment to the constitution were approved by the voters to permit such disabled veterans to receive the benefit. It is time to move this legislation forward and place the question before the voters.

6. We continue to support legislation that will exempt military retirement pay from state income tax for those military retirees who are permanent residents of New Jersey. This position does not require additional explanation.

7. We urge the legislature to continue to appropriate funds for a program of assistance for those seeking to be guardians of incompetent veterans needing nursing care to enter one of our three New Jersey veterans' nursing homes, as well as the federal facilities located in New Jersey. Unfortunately, not every veteran has a family member to advocate for his or her needs resulting in the necessity of a competent guardian to protect the interests of the veteran. Funding for the continuance of this program is the right thing to do on behalf of veterans who fall into a situation requiring such assistance.

8. We urge the necessary appropriations to computerize all the state Veterans Service Offices (VSO). This will foster better and more cost-effective programs for veterans and their families. The ability to share and integrate information from one end of the state to the other on behalf of veterans and their dependents should be mandated without additional delay.

9. We support legislation that would provide veterans preference for student loans administered under Higher Education Authority Law and the NJ Department of Military and Veterans Affairs. This shall include all veterans who were in service during armed conflicts. Veterans are a sound investment. Our indebtedness as citizens to those who serve and our deep appreciation for the contributions and sacrifices our veterans have made can be expressed by affording our veterans student loan

preference in their quest to continue their life goals via higher education. Additionally, the receipt of veterans' benefits should not be considered as income or assets when determining eligibility for other student financial aid. We are pleased to note the passage of P.L.2007, c.214 which provides a military service exception to the requirement of continuous enrollment under the NJ STARS and NJ STARS II Programs.

10. We support the "Advisory Commission on Women Veterans" as it continues to identify how best to recognize and meet the needs of female veterans in New Jersey. Throughout history, women have served our country with pride, patriotism and honor. Today women are an integral and essential component of our Armed Forces. The contribution of women to the defense of our nation has long been overlooked, as well as our failure to recognize the special needs of women veterans and the development of specific programs to address those needs. We need to increase the priority given to women veterans programs to ensure that quality health care is provided, that services for women are maintained, that women veterans' right to privacy is maintained and that the policies, practices and programs are responsive to the needs of women veterans. We applaud the passage of A2726/S1946 which establishes a 15-member Commission on Women Veterans. The purpose of the commission will be to assess the needs of women veterans and the benefits and programs provided to meet those needs. The commission will work in collaboration with other state agencies and appropriate groups to study and review the needs, priorities, programs and policies relating to women veterans, and provide recommendations, including recommendations for administrative and legislative actions. It will draw upon its members' shared knowledge and expertise to facilitate programs and activities designed to better educate all citizens of New Jersey as to women veterans' issues.

11. We urge and encourage local Workforce Investment Boards (WIB) to target eligible veterans within locally designated priority groups for educational and vocational programs and for employment. Placing veterans in realistic employment opportunities tailored to the needs of the 21st century veteran is in the communities' best interests as well as the veteran's interest. Improving employment and training for veterans, providing employers with a labor pool of quality applicants with marketable and transferable job skills, and assisting in the transition from military service to the civilian labor market has wide spread benefits for all.

We also encourage full participation in the national campaign called "Hire Vets First", to recruit and connect veterans with local businesses. The campaign highlights the skills veterans bring to the workforce and encourages employers to hire them.

The President's National Hire Veterans Committee (PNHVC) is the result of historic legislation passed by bipartisan majorities in the 107th Congress and signed into law by President George W. Bush on November 7, 2002. The Jobs for Veterans Act, Public Law 107-288, established the President's National Hire Veterans Committee within the Department of Labor and authorized the Secretary of Labor to appoint its members.

The mission of the committee is to furnish employers with information on the training and skills of veterans and disabled veterans, and the advantages afforded employers by hiring veterans with such training and skills; and to facilitate employment of veterans and disabled veterans through participation in America's national labor exchange and other means.

12. We support legislation that has the purpose of requiring that local taxes mistakenly paid by permanently disabled veterans and their survivors are repaid by the locality. It is unfortunate that this situation occurs and it is even more troubling that it apparently cannot be readily addressed without some type of legislation mandating the refunding of payments made erroneously. We therefore support the prompt enactment of such enabling legislation.

13. We support the continued tax check off for donations to the USS New Jersey, the Korean War Veterans Memorial and the Vietnam Veterans Memorial and Vietnam Era Education Center. This cost effective manner of raising funds from those who volunteer such funds should be continued without question.

14. We continue to support the New Jersey World War II Memorial and call upon the State Legislature and Governor to fund this project and to provide for voluntary contributions by taxpayers on gross income tax returns for the NJ World War II Veterans' Memorial Fund. Legislation that establishes the designation on the State gross income tax return for the NJ World War II Veterans' Memorial Fund that

will permit taxpayers to make voluntary contributions to the fund to help support the work of the World War II Memorial Commission was first introduced in January 2006 and awaits passage. The commission was established by Executive Order No. 107 of 2004 to solicit and accept donations or grants of money on property from any source for the purposes of the NJ World War II Memorial. The voluntary tax return contributions shall be deposited in the fund and be annually appropriated to the DMAVA on behalf of the commission. This legislation should not be delayed any further.

15. We urge the Legislature to provide funding that will permit the expansion of qualifications that determine eligibility for "veterans' status" in New Jersey resulting in broadened eligibility for veterans' benefits.

16. Each session numerous bills benefiting veterans are introduced in Trenton. During the 2006-2007 session almost 8,400 bills were introduced, 233 of which dealt with veterans or military issues. Many never came out of committee for debate or action leading up to a vote. A high number of these bills are bills that were previously introduced and relegated to collecting dust in some corner of a committee. The mere introduction of legislation on behalf of veterans and their dependents is no longer sufficient grounds for declaring that legislators support veterans. Submitting bills without a funding mechanism, thus assuring their relegation to collecting dust in committee or defeat due to insufficient funding is disingenuous. Meaningful action and results will continue to be the new measuring stick employed by the Vietnam Veterans of America, New Jersey State Council, Inc.

17. We support the establishment of a separate Senate Military and Veterans Affairs committee. At the end of 2007, the count of military or veterans bills pending in 11 different Senate committees totaled 113. After two years in session, most of these bills were still buried in dust in the committees. 78 of those bills were from previous sessions of the legislature, some dating back to the 1990's.

POW/MIA

1. We urge the Congress and the Joint POW/MIA Accounting Command to continue all efforts to achieve the fullest possible accounting of all Armed Forces personnel from all conflicts, deployments and wars. We urge Congress to demand a full accounting for the missing and negotiated remains of Americans worldwide. We urge Congress to enact economic sanctions against those governments that refuse to reveal the whereabouts or assist in the recovery of our POW/MIAs. We support legislation that requires the Secretary of Defense to ensure that the Defense POW/Missing Personnel Office (DPMO) is provided sufficient military and civilian personnel, sufficient funding to enable the office to fully perform the complete range of missions of the office and to ensure that Department of Defense programming, planning, and budgeting procedures are structured so as to fully support DPMO with the minimum level of manpower and funding mandated by law.

2. We urge that the 17,000 POWs who died in captivity be awarded the Purple Heart medal.

3. We urge the introduction and passage of legislation that would require the displaying of the POW/MIA flag on every United States Federal building any day when the flag of the United States is displayed.

4. We urge the establishment of, in the House of Representatives, a select committee to be known as the Select Committee on POW and MIA Affairs, to conduct a full investigation of all unresolved matters relating to any United States personnel unaccounted for from the Vietnam era, the Korean conflict, World War II, Cold War Missions, or Gulf War, including MIA's and POW's.

War-Caused Infirmities

1. According to the Department of Defense Contingency Tracking System (CTS) Deployment File for Operations Enduring Freedom & Iraqi Freedom as of July 31, 2007, almost 1.6 million American service members have deployed to OIF and OEF, and over 525,000 have deployed more than once. The signature wounds of the Afghanistan and Iraq theatre of operations are the psychological traumas and traumatic brain injuries. Tens of thousands of service members have suffered physical wounds. Hundreds of thousands more have sustained mental injuries and/or mild traumatic brain injuries, many of which have not been properly diagnosed. The conditions wounded service members endure

received considerable national attention following a series of articles published by the *Washington Post* in February 2007. The U.S. Government and the American people must do everything possible to rectify the shortcomings in mental health and neurological care many service members face upon their return from duty. Treatment for service-connected traumatic brain injury should be tailored to individual injuries. Service-connected posttraumatic stress disorder and its effects must be treated as seriously as physical wounds.

2. We urge the United States government to fund independent research analyzing data concerning the location of veterans during the Gulf War and claims for VA compensation and pension benefits. Asking the Defense Department, who may bear responsibility for injuries or the VA, who would fund claims; to do this vital research presents a conflict of interest. We urge the expedited research to ascertain what toxic and radioactive exposure Gulf War veterans received and what illnesses may be associated with such exposures.

3. We support legislation that would enhance treatment for veterans suffering from exposure to Agent Orange, ionizing radiation and the toxic agents used, or suspected of being used, during the Gulf War, as well as fumes from burning oil wells. Possible exposure to chemical, biological, radiological or nuclear agents or materials should be thoroughly and properly investigated and prompt and complete treatment afforded to all exposed veterans. The history of linking ailments to actions within certain theaters of operations and then funding treatment for those who have proudly served America is dismal. This trend should not be allowed to continue. From the beginnings of our great nation, our citizens have recognized the importance of a strong military as being fundamental. Through Congress, our citizens have accorded veterans special treatment and advantages over those citizens who did not serve on the principle that those who devote part of their youth and place themselves in harm's way to defend our country and her ideals deserve special consideration. However, the practice of requiring unattainable proofs of exposure and establishing concrete connections between possible exposure and manifestation of symptoms results in many veterans being denied the health care to which they are entitled. A panel advising past Veterans Affairs Secretary Anthony J. Principi on Persian Gulf War illness has urged the investigation of neurological problems of veterans, more spending for studies, and a better plan for carrying them out. Research in Gulf War illnesses has yielded few answers for ailments more than a decade after the war. The connection of Agent Orange to many diseases took too many decades to establish, adding needlessly to the suffering of thousands of Vietnam Veterans and their families. We demand that appropriate priority be placed on the implementations of the recommendation of the panel. Any further delay in providing relief to the problems to Gulf War veterans is not acceptable.

4. We continue to support efforts for the permanent and independent New Jersey Agent Orange Commission to determine the effects of Agent Orange and other herbicides on New Jersey Vietnam Veterans and their families. As warfare shifts form from the battlegrounds of the past to clandestine attacks utilizing chemical, biological, radiological or nuclear materials; the need for such a commission to study, determine the effects of and provide policy for dealing with these issues will increase.

5. We urge New Jersey, in conjunction with the federal government, to continue to fund a Post-Traumatic Stress Disorder (PTSD) program. Left undiagnosed and untreated, PTSD compounds many problems not only for the veterans who are suffering from PTSD; but also the community in which they attempt to survive. Violence, relationship and family difficulties, substance abuse and the commission of crimes that may result from PTSD reach out in a negative manner to the very core of a community.

6. We urge the continued research into programs designed to improve the treatment modalities for war-caused injuries. The quality of VA health care is comparable, and in many cases exceeds the care provided by the private sector at a fraction of Medicare and private sector costs. The VA is considered the world leader in specialized care programs such as spinal cord injury and blind rehabilitation. Some of the most powerful and life changing advances in medical science continue to come from VA research such as the cardiac pacemaker, the CT scan, magnetic source imaging and improvements in various prosthetics. This life altering research should continue to receive the necessary funding and support.

7. We urge the introduction and passage of legislation to establish a presumption of service-connection for certain veterans with hepatitis C, thus enabling veterans who contracted Hepatitis C in

military service to receive treatment for this condition by the Department of Veterans Affairs. Additionally, we urge legislation that directs the VA to develop and implement a standardized, national Hepatitis C policy for its testing protocol, treatment options and education and notification efforts. We urge legislation that requires the VA to develop an outreach program to notify veterans who have not been tested for the Hepatitis C virus of the need for such testing and the availability of such testing through the VA. We support legislation that improves access to Hepatitis C testing and treatment for all veterans, ensures that the VA spends all allocated Hepatitis C funds on testing and treatment, and sets new, national policies for Hepatitis C care. Such legislation should direct the VA to provide a blood test for the Hepatitis C virus to: (1) each veteran who served on active military duty during the Vietnam era, or who is considered to be "at risk," and who is enrolled to receive veterans' medical care and requests such care or is otherwise receiving a physical examination or any other care or treatment from the VA; and (2) any other veteran who requests such test. Provisions for follow-up tests and appropriate treatment for any veteran who tests positive and the prohibition of a co-payment being charged for such treatment should be incorporated into any Hep C legislation.

We urge the passage of legislation that has been proposed which would give our OIF/OEF veterans better resources, benefits and assistance when it comes to pain and its impact on their lives. Veterans Pain Care Act of 2007 S.2160 - Directs the Secretary of Veterans Affairs to carry out at each Department of Veterans Affairs (VA) health care facility an initiative on pain care which shall include, for each individual receiving treatment at such facility: (1) an assessment for pain at the time of admission or initial treatment, and periodic assessments thereafter; and (2) appropriate pain care including, when necessary, access to specialty pain management services.

This legislation also directs the Secretary to carry out within the Medical and Prosthetic Research Service of the Veterans Health Administration a program of research and training on acute and chronic pain. Requires the Secretary, under such program, to designate cooperative centers for research and education on pain, with at least one center as a lead center for research on pain attributable to central and peripheral nervous system damage commonly associated with battlefield injuries characteristic of modern warfare.

Military Absentee Ballots

1. The ballots of each and every service member voting by absentee ballot must be counted in any election where the service member participates in the election process. It is unconscionable that a service member's ballot is not counted due to the fact that it bears no postmark on the envelope of a service member's ballot due to the member being stationed in a postage-free hostile combat location. Local election officials must not be permitted to defeat the democratic process, especially in regards to the service personnel serving in hostile environments, due to their own lack of knowledge of postage-free privileges provided for those serving in hostile–fire or imminent danger environments. Safeguards must be provided to protect the voting rights of our Armed Forces personnel world-wide.

Department of Veterans Affairs

1. Mandatory, adequate appropriations for VA medical programs are required. The annual VA healthcare budget must be based on the number of veterans enrolled in the system and those veterans whose enrollment is anticipated with medical inflation factored in to the final appropriations. Annual funding for Medicare, for the Department of Defense TRICARE for Life program, and for the Federal Employees Health Benefits Plan is mandatory. Veterans deserve no less. We urge Congress to safeguard the care provided to all veterans who are currently enrolled in the system and provide the resources to meet the needs of those veterans whose enrollment into the health care system is anticipated. Enrollment is increasing each year for a number of reasons. The continued mobilization of National Guard and Reserve Forces due to the war on terrorism has put an additional strain on available services and funding. Inflation results in less buying power for each dollar allocated to VHA. For fiscal year 2005 the annual percentage increase requested for veterans' health care was 0.4 percent – up against the consumer price index for medical care of 13 percent during recent years. In the 12 months ended in December 2005, the index for medical care rose 4.3 percent after increasing 4.2 percent in 2004. The index for prescription drugs rose 4.4 percent during the 12 months ended in December, following increases of 3.5 percent in 2004 and 2.5 percent in 2003. Charges for hospital and related services increased 5.1 percent in the 12 month period ended in December 2005, following

a 5.2 percent rise in 2004. VA officials have previously testified that it would take a 13 to 14 percent hike in the VA's health care budget just to maintain the status quo. Meanwhile, the growth in veteran patients continues to climb - from 2.9 million in fiscal year 1996 to more than 7 million in 2005, an over 70 percent increase. The only way to prevent continued rationing of health care or disenfranchising those currently in the system is to provide additional funds to meet the rising costs and enrollment.

We are becoming increasingly troubled by the delays in enacting VA appropriations. In FY 2000, VA appropriations were not enacted until October 20, in FY 2001 October 27, in FY 2002 November 26, in FY 2003 February 20, and in FY 2004 January 23. In 2003 & 2004, the VA health-care system had to struggle along at the previous year's inadequate funding levels for nearly one-third of each year. This is unacceptable. The final passage of the FY 2007 appropriation was more than 1/3 of the way into the fiscal year, followed by the delay of the FY 2008 budget until December 26th, 2007. There is an additional $3.7 billion in potential veterans funding that would fully meet the needs as outlined in the Independent Budget. The VA received this funding only after the president declared it "emergency spending and signed the legislation January 17th, 2008. These delays directly affect the health care received by veterans. This deplorable state further points to the importance of a mandatory funding mechanism for VA health care.

In May 2001, President George W. Bush signed Executive Order 13214, creating the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans (PTF). The PTF issued its final report on May 26, 2003. The PTF was charged with identifying ways to improve health-care delivery to VA and Department of Defense (DOD) beneficiaries.

Of greatest importance was the task force's recognition of a "growing dilemma" concerning VA health care. The PTF noted in its *Final Report* that ". . . it became clear that there is a significant mismatch in VA between demand and available funding—an imbalance that not only impedes collaboration efforts with the DOD but, if unresolved, will delay veterans' access to care and could threaten the quality of VA health care." As a solution to this complex problem, the PTF recommended that the Government provide full funding for VA health care for priority groups 1 through 7 by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal to ensure enrolled veterans are provided the current comprehensive benefits package, in accordance with VA's established access standards. The PTF also suggested the Government address the present uncertain access status and funding of priority group 8 veterans.

During the 109th Congress, mandatory funding bills were introduced in both chambers. The Assured Funding for Veterans Health Care Act of 2005 was introduced in the House of Representatives as H.R. 515, by then House Veterans' Affairs Committee Ranking Member Lane Evans (D-IL), and in the Senate as S. 331, by Senator Tim Johnson (D-SD).

During the first session of the 110th Congress H.R. 1382, the Mandatory Funding for Veterans Act of 2007 was introduced on March 7th, 2007. This legislation directs the Secretary of the Treasury to make available to the Secretary of Veterans Affairs for each fiscal year the amount determined under a specified formula for veterans health care programs, functions, and activities of the Veterans Health Administration of the Department of Veterans Affairs. May 24th, 2007 H.R. 2514 was introduced. The Assured Funding for Veterans Health Care Act, requires the Secretary of the Treasury to make available to the Secretary of Veterans Affairs for programs, functions, and activities of the Veterans Health Administration for FY2008 130 percent of the amount obligated during FY2006. Adjusts the amount provided for fiscal years after FY2008 based on the number of enrolled veterans and the number of other persons eligible but not enrolled who are provided care, multiplied by the per capita baseline amount for FY2006, as increased by the percentage increase in the Consumer Price Index.

These mandatory health-care funding measures aim to guarantee adequate annual funding for health care for all sick and disabled veterans eligible to receive medical care from VA. This type of legislation needs to be passed in both chambers.

2. We must set a realistic goal for increased sharing that could be achieved by coordinating the medical care systems of the Department of Veterans Affairs and Defense to improve health care delivery. DOD and VA have worked on developing the capability to share medical data for 23 years. GAO has monitored the agencies' data-sharing development since 1998. The Veterans Affairs and Defense departments apparently will take several more years to develop modernized electronic health

records systems that can seamlessly exchange medical data. The departments expected to accomplish that goal in 2011 or 2012, but they have not given the Government Accountability Office a certain end date because of changes to the milestone schedule. The project has experienced repeated changes in strategy, repeated changes in milestones and a lack of clarity. The medical data-sharing initiative needs a more defined timeline and risk-management activities. Without realistic goals being set and performance being measured progress in this area will be non-existent. Both Departments conduct similar missions in the area of health care, but they do it separately which results in duplication of services in some regions with all the inherent costs involved. Joint ventures such as shared staffing, buying or selling services, joint purchasing of pharmaceuticals and medical/surgical supplies, education and training, joint research, consolidated procurement programs and advanced information technology are a few examples of sharing that would result in dividends for both departments. All savings realized as a result of a sharing agreement should be immediately reinvested into their respective health care system without offset from congressional appropriation. VA and DoD have increased sharing in sheer dollar volume and added many new agreements over the past twenty years, however, the total amount of sharing remains miniscule as a percentage of the two departments' combined health care outlays. According to VA's Office of Medical Sharing, in fiscal year 2001 VA and DoD shared services valued at only $58 million out of the two departments' total health care budgets of approximately $35 billion – about two-tenths of one percent of their medical spending. H.R. 1911, introduced May 1st, 2003 would have established an interagency committee to be known as the Department of Veterans Affairs-Department of Defense Joint Executive Committee to: (1) recommend to the Secretary of each department strategic direction for joint health-care resources coordination and sharing efforts between and within such departments; and (2) oversee implementation of those efforts. In 1982, Congress enacted Public Law 97-174, (`the Sharing Act') to foster more effective sharing of health care resources between the former Veterans Administration, now the Department of Veterans Affairs (VA), and the Department of Defense (DOD). The law was introduced not only to remove legal barriers, but also to provide incentives for military and VA health care executives to engage in health resources sharing through local agreements, joint ventures, national sharing initiatives, and other collaborative efforts pointed to better and more efficient use of Federal health care resources.

The Sharing Act provides virtually unlimited authority to both VA and DOD to share health resources across the entire spectrum of health care and health related activities. With the advent of the Sharing Act, a flurry of VA-DOD sharing activity occurred, with hundreds of agreements having been executed between military and VA medical centers and clinics. However, over the succeeding years, sharing waned because military health care shifted from a facilities-based system to a very large contract effort through the advent of the TRICARE program.

The Sharing Act gave local health care executives flexibility in establishing sharing agreements, including conducting negotiations, developing reimbursement methods and bartering services, as well as governing review and approval processes to minimize bureaucratic delay from Washington. As an incentive to share, it provided that a facility furnishing the services would be permitted to retain funds earned from such sharing. To encourage establishment of sharing as an important priority, the Sharing Act required the VA's Chief Medical Director (now the Under Secretary for Health) and DOD's Assistant Secretary for Health Affairs to recognize health resources sharing as an ongoing responsibility. The Sharing Act established a VA-DOD committee that was charged with reviewing policies and practices relating to sharing, identifying new or potential opportunities, and making recommendations to the Under Secretary, Assistant Secretary and Congress to promote increased sharing. However, we believe that the Joint Committee has not achieved its full potential.

On July 27, 2001, the Honorable Christopher H. Smith, Chairman of the Veterans' Affairs Committee, introduced H.R. 2667, the Department of Defense-Department of Veterans Affairs Health Resources Access Improvement Act of 2001. We hoped this bill would spur new opportunities for sharing across both Departments. H.R. 2667 sought to establish a health care facilities sharing demonstration project in keeping with the intent of the original legislation for VA-DOD sharing. Under the bill, five qualifying sites across the country would be selected for participation in a demonstration project. The purpose of the demonstration project was to identify and measure the advantages of sharing, and work through the challenges of the two systems becoming true partners in health care delivery. The two Departments' medical information systems are incompatible, but this legislation would have created a framework for greater technology compatibility. By making such systems communicate better, the

Departments could better ensure continuity of care, equality of access, uniform quality of service and seamless transmission of data.

On March 7, 2002, the Subcommittee on Health and the Committee on Armed Services Subcommittee on Military Personnel held a joint hearing to examine collaboration and health resources sharing by the two Departments, including consideration of H.R. 2667. Chairman Smith testified to urge both Subcommittees to aggressively increase resource sharing between these two massive health care systems. Under Secretary Chu of DOD assured the Committees that he and Deputy Secretary Mackay share a common vision of quality health care for the men and women serving our country, their families, and those that have served. According to Secretary Chu, the cooperative efforts of DOD and VA are focused on a proactive partnership that meets the missions of both agencies while benefiting the service member, veteran and taxpayer with new initiatives and increased efficiency. Most of the original concepts and objectives of H.R. 2667 were incorporated in Subtitle VII of Public Law 107-314, the Bob Stump National Defense Authorization Act for Fiscal Year 2003.

H.R. 1911, introduced by Honorable John Boozman, would have modified section 8111(c) of title 38, United States Code, concerning the sharing of Department of Veterans Affairs (VA) and Department of Defense (DOD) health care resources. Section 721 of the Bob Stump National Defense Authorization Act for Fiscal Year 2003 amended section 8111(c) to create a DOD-VA Health Executive Committee with certain mandates for collaborative activities between the Departments. It provides for oversight of health care issues by the Under Secretary of Defense for Personnel and Readiness and the Deputy Secretary of Veterans Affairs. This bill would establish a DOD-VA Joint Executive Committee to expand oversight of collaborative efforts to include health, benefits, and other areas as determined by the co-chairs, and to promote increased resource sharing.

Existing law allows each Department to determine individually the number of employees each would designate to support the committee, but requires each one to share equally in the cost, notwithstanding parity in the numbers. It also requires a permanent staff be assigned to the committee. This bill would delete these personnel requirements, thereby enhancing the flexibility of each Department to use their personnel in the most efficient manner possible, while at the same time authorizing the establishment of subordinate committees and work groups as deemed appropriate by the co-chairs.

Existing law specifically authorizes the recommendations of the committee for sharing of resources to improve access, quality, and cost effectiveness. Under H.R. 1911, the committee would also identify changes in policies to improve services, efficiencies, and opportunities for collaboration for delivery of benefits and services to beneficiaries of both Departments. HR 1911 was agreed to in the House by a vote of 426 to 0, and then referred to the Senate Committee on Veterans Affairs. This legislation should be re-introduced and passed by both chambers.

Despite years of public pressure and Congressional scrutiny, the Department of Defense (DoD) and the Department of Veterans Affairs (VA) have failed to craft and implement an interdepartmental data-sharing agreement to allow the two agencies to share the health care information of patients transitioning from active duty to veteran status. That more combat-wounded are making that transition-traveling from Afghanistan and Iraq to Landstuhl, Germany to Walter Reed Army Medical Center and then on to their local VA medical center (VAMC) has only sharpened the focus on this issue.

While VA has taken steps to expedite services to seriously injured OEF/OIF servicemembers, the VA does not have systematic data from DOD on those servicemembers who may need vocational rehabilitation and other benefits from the VA.

In order to smoothly transfer a patient from one health care system to another, their medical record must experience a similarly seamless transition. But according to the May 19th, 2005 Government Accountability Office (GAO) report titled "Systematic Data Sharing Would Help Expedite Servicemembers' Transition To VA Services GAO-05-722T," that sharing simply does not exist. Officials at the VA formally requested of DoD in the spring of 2004 to provide to the VA on a systematic basis, personal identifying data, medical data and DoD's injury classification for seriously injured servicemembers, the report states. DoD and VA have not yet drafted, much less put into practice, a systematic agreement.

3. Improve VA procurement processes and improve coordination between the VA & DoD in such areas as health care services, benefits delivery, information sharing and capital asset coordination, standardize billing and reimbursements, joint procurement, computer-based patient records and coordination of capital investments. Costs will continue to rise and the potential for cost savings that could be realized here are substantial. More importantly, these savings could be recycled back into the processes to provide additional benefits to the programs and the veteran community they serve.

4. We must improve VA services for women. The total veteran population in the United States and Puerto Rico, as of September 2007, was approximately 23.5 million. The population of women veterans numbered 1,744,580. With our country at war, and with nearly 20% of our current active duty soldiers, sailors, airmen and marines being servicewomen, the VA must improve their services and facilities to accommodate even more women veterans in the coming years. The VA must actively re-position itself to welcome and outreach to women veterans, be sensitive to their needs, and ensure their health needs are being met with high quality programs. For years the VA healthcare system has been a Men's Club, due to its mostly male clientele. However, the make-up of the military is changing and the VA needs to facilitate the changing needs of our service personnel. The VA has designated friendly areas specifically for female patients in the larger VA Centers. However, there are not complete female services in every clinic. VA policies, practices and programs must be responsive to the special needs of women veterans. This requires increasing the priority given to women's programs to ensure that quality health care is provided and that adequate facilities are provided. VA needs to ensure and secure appropriate facilities and resources for the diagnosis and treatment of women veterans at all VA hospitals and clinics. The VA must address the barriers to care that women veterans face and issues that negatively impact women veterans' decisions to seek health care form VA. Women veterans' right to privacy at every VA health-care facility must be ensured.

5. We must continue to reduce the huge backlog in claims and appeals for benefits submitted by veterans while increasing the quality of decision-making. The time to alleviate the hardship and frustration that thousands of veterans experience while waiting for their claim or appeal to be decided is too long overdue. Veterans from World War II and the Korean War are waiting for their cases to be resolved. The number of Agent Orange-related claims, Hepatitis C claims, radiation-related claims, and those resulting from the Gulf War continually add to the current overload. Additional resources must be allocated to handle the backlog and the influx of new cases. Our government must make an investment in VA programs to ensure that our veterans and their families receive, in a timely fashion, the benefits and services promised them. Recommendations cited in GAO-02-806 Veterans' Benefits - Quality Assurance for Disability Claims and Appeal Processing Can Be Further Improved need to be implemented in order to achieve a reduction in the large and persistent backlog of claims and appeals.

The VA must implement:

A. programs that support improvements in training and regulations,
B. procedures or policies that enhance the quality of decision making across the continuum of adjudication,
C. improvements that provide adequate assurance to veterans that they will receive consistent and fair decisions in a timely fashion.

A core mission of the Department of Veterans Affairs (VA) is the provision of benefits to relieve the economic effects of disability upon veterans and their families. For those benefits to effectively fulfill their intended purpose, The VA must promptly deliver them to veterans. The ability of disabled veterans to feed, clothe, and provide shelter for themselves and their families often depends on these benefits. The need for benefits among disabled veterans is generally urgent. While awaiting action by the VA, they and their families suffer hardships; protracted delays can lead to deprivation and bankruptcies. Disability benefits are critical, and providing for disabled veterans should always be a top priority of the government.

To overcome the persistent and longstanding problem of large claims backlogs and consequent protracted delays in the delivery of crucial disability benefits to veterans and their families, the Administration must invest adequate resources in a long-term strategy to improve quality, proficiency, and efficiency within the Veterans Benefits Administration.

6. The VA must reduce claims processing time without sacrificing decision-making quality or VA's statutory duty to assist veterans develop their claims. No veteran or survivor should have to incur the

tremendous delays that are all too common in the current system. Both the level and the quality of the service provided in this aspect of veteran benefits need improvement to reduce the number of cases going to appeal. Rationing health care with lengthy waiting times or delaying service is unacceptable.

Recommendations cited in GAO-05-47 More Transparency Needed to Improve Oversight of VBA's Compensation and Pension Staffing Levels, November 2004, need to be implemented in order to achieve a reduction in the large and persistent backlog of claims and appeals. VBA's fiscal year 2005 budget justification did not clearly explain how the agency would achieve the productivity improvements needed to meet its compensation and pension claims processing performance goals with fewer employees.

To assist the Congress in its oversight of VBA's compensation and pension claims processing operations, GAO recommends that the Secretary of Veterans Affairs direct the Under Secretary for Benefits to prepare several types of information and work with the appropriate congressional committees and subcommittees on how best to make it available for their use. This includes information on (1) the expected impact of specific initiatives and changes in incoming claims workload on requested staffing levels; (2) claims processing productivity, including how VBA plans to improve productivity; and (3) how claims complexity is expected to change and the impact of these changes on productivity and requested staffing levels.

7. The huge backlog of veterans' benefits claims, one that is steadily growing, is hardly a secret in the veteran community. Not as well known, however, is the other side of this perplexing situation — the appeals process that follows when veterans challenge initial decisions on their claims.

The U.S. Court of Appeals for Veterans Claims has the highest caseload of any federal appeals court. Any! Unbelievable; but that is the case. In fiscal 2007, it received 4,644 cases and decided 4,877 — both all-time records for a court that boasts just seven judges even though the appeals backlog is at 6,300 and counting. This partially explains why it takes an average of two years, and often longer, for a decision to be rendered.

Given the complexity of disability claims, especially those involving PTSD and traumatic brain injury, and the often murky details associated with mental health claims, this astonishing caseload makes it hard to believe veterans get a fair, much less timely hearing on their appeals.

Chief Judge William Greene Jr. has asked Congress to approve the hiring of more support staff, and to allow decisions to be made using condensed records rather than more extensive documents that can take months to gather. A bill to add two more judges to the court is also pending. However there is no apparent urgency to deal with the matter. The legislation to add more judges is mired in the Senate Veterans' Affairs Committee.

The odds are that things will get worse before they get better. After years of delay, the VA is finally hiring more claims processors — which will speed initial decisions and likely add to the appeals, as well. Additionally, many new hires will be coming onboard as the baby boomers make their exodus to the land of the retired. A lot of experience will be leaving the VBA in the next five years alone.

Now that the VA has been convinced to hire more claims processors, Congress must now add more judges and staff to the appeals court. The backlog is too long, and the time judges have to render a fair decision is taking too long for justice to be served to our deserving veterans.

8. The VA currently provides over 1,400 sites of care and other services in 21 Veterans Integrated Service Networks utilizing some 4,700 buildings on over 18,000 acres. The VA medical facilities need to be repaired and renovated, or in some cases, - razed and rebuilt. The VHA's physical infrastructure is in urgent need of sufficient funding and provisions to address seismic corrections, compliance with Americans with Disabilities Act and the Joint Commission on Accreditation of Healthcare Organizations standards, replacing aging physical plant equipment, capital assessment realignment and much needed maintenance. Construction budgets are still being held hostage to the Capital Assets Realignment for Enhanced Services (CARES) process. Services and benefits are provided through a nationwide network of 155 hospitals, 872 outpatient clinics, 135 nursing homes, 45 residential rehabilitation treatment programs, 209 readjustment counseling centers, 58 veterans benefits regional offices, and 124 national cemeteries. The funding for routine maintenance and upkeep, improvements,

minor and major construction projects is insufficient to sustain and improve the facilities. Increased numbers of veterans enrolled in the VA health care system will add to the burden.

9. There must be a continuation of the budget and programs of the VA for geriatric research, education and clinics for older veterans. Geriatrics is an emerging discipline important to the VA as well as the country. Our rapidly aging veteran population is deserving of all the resources we can provide to make their lives as comfortable as possible. They sacrificed their innocence for the lifestyle and freedoms we now enjoy and we need to provide for their needs without further delay. Fellowship training in the discipline of geriatric medicine is important to meet the needs of the growing older veteran community.

10. The VA should provide scholarship grants to deserving individuals attending medical schools and nursing schools on the condition that they contract to serve in VA facilities or state veterans' homes upon graduation. The VA trains much of the nation's healthcare workforce who leave the VA for more lucrative employment opportunities. This program would help increase the number of students seeking a medical career and improve staffing level at VA facilities.

11. Congress should mandate that HMO's accept VA facilities as treatment centers under their respective plans for third-party payments. The very idea that any insurance provider can decide not to honor our commitment to provide veterans with the healthcare they have earned goes against the concept of veterans benefits. Again, we reiterate that the quality of VA health care is comparable, and in many cases exceeds the care provided by the private sector at a fraction of Medicare and private sector costs. We urge the President and Congress to direct the Veterans Administration to accept the Medicare Assignment and Supplemental Insurance as well as obtain reimbursements and payment for medical services from all veterans service connected and non-service connected. It is blatantly unrealistic, unfair and unreasonable to create two classes of veterans, those who receive Medicare, SSI, or are members of HMOs and all other veterans and give financial support to one but not the other.

12. We support the presumption of service-connected disability for those who were involved in instances of chemical, bacteriological, radiological or nuclear exposure. Our government seeks to keep classified much of the information that would be useful in pursuing claims dealing with radiation experiments, Gulf War illnesses, the Shipboard Hazard and Defense program from the 1960's, Project 112 and various other actions. Requiring veterans to provide an overwhelming burden of proof while withholding vital information virtually assures the claim will not be processed favorably for the veteran. The days of the pro-claimant bias are history. The Federal courts have reaffirmed on many occasions the principle that laws governing veterans' benefits are to be liberally construed in favor of veterans.

13. It is clear that Medicare, Medicaid and Medigap funds paid to VA facilities should remain within the VA system and not be reassigned to the general treasury. The VA health care system must provide all veterans access to a full continuum of care, a task made more difficult each year due to chronic under-funding. This under-funding has severely limited VA's ability to properly care for its current workload. The VA health care system provides care to millions of Medicare-eligible veterans, many of who pay a monthly premium to Medicare but receive all of their health care services through VA health care. Medicare-eligible veterans who enroll in VA health care would still remain fully eligible for Medicare services, and Part B premiums could not be increased due to this transfer. All funds received by the VA should be recycled in the VA programs without exception. It is now absolutely essential that VA be authorized to capture and retain federal dollars in addition to its annual appropriation so as to revamp and revitalize its health care system; and, a large number of VA's potential patients are Medicare eligible. Unlike in the private sector, Medicare-eligible veterans cannot use their Medicare benefits in a VHA facility. When Medicare-eligible veterans receive health care treatment for any medical condition in the private sector, the federal government reimburses the health care provider for a portion of that service. When Medicare-eligible veterans receive health care treatment for the same medical conditions within the VHA; the federal government will not reimburse the VHA for any portion of that service. This equates to a restriction on veterans' right to access health care of their choice using Medicare insurance coverage. Federal health care funds should go to the actual providers of health care services, and that includes VA health care. What is needed is a simple, equitable proposal that would help to ensure that resources allocated for health care go where the patient is receiving care, which would provide a new, steady, and dependable stream of funding

for VA health care to prevent the annual funding crises of the past decade merely by allowing veterans' own funds to follow them to the VA.

S. 963, introduced in 2005, would amend Title XVIII (Medicare) of the Social Security Act (SSA) to direct the Secretary and the Secretary of Health and Human Services (HHS) to establish a Medicare subvention project under which HHS shall reimburse the VA for Medicare health care services furnished to Medicare-eligible veterans in VA facilities. This project has been discussed for over ten years with no formal action to determine its viability. This legislation needs to be re-introduced in and passed in both chambers.

14. We oppose any reduction in presently approved veterans' disability benefits, including elimination of any disability entitlements. Through extraordinary sacrifices and contributions, veterans have earned the right to certain benefits. As the beneficiaries of veterans' service and sacrifices, the citizens of a grateful nation require that our government fully honor our obligation to care for those who have answered the call to arms. Asking veterans to assume the partial costs of their benefits is fundamentally contrary to the spirit and principles underlying the provision of benefits to veterans. Veterans are still being charged co-payments for health-care services and medications and the continued call for increases in these co-payments and new annual enrollment fees is a move in the wrong direction. De facto devaluation of veterans' sacrifices to balance the budget or otherwise ration health care to veterans is absolutely unacceptable. Every year the current administration has sought to impose higher co-payments and enrollment fees. The Congress needs to continue to prevent the higher co-payment and enrollment fees from being enacted.

15. Disability payments should be based on service-connected disability and not be related to the veteran's income or any means test. We continue to support the premise that disability benefits should not be included as part of the veteran's taxable income. We urge Congress to enact legislation to exempt VA disability compensation from countable income for purposes of determining eligibility for any federally funded programs. Disability compensation payments fulfill our primary obligation to make up for economic and other losses veterans suffer due to the effects of service-connected diseases and injuries. Current policy at the Department of Housing and Urban Development (HUD) considers nontaxable service-connected disability compensation provided by VA to be countable income when determining a veteran's eligibility for HUD's Assisted Senior Housing Program.

16. Veteran Outreach Centers throughout New Jersey and the nation should continue to be open to all veterans. Vet Centers help relationships stay healthy, help veterans surmount problems that threaten their employability, and help those unemployed become more ready for the ever-increasing challenges in today's job market. The Vet Centers are the only element of the VA that is authorized to treat family members. Funds spent in Vet Centers pay large dividends to the veterans themselves and their communities by extension. This is a sound investment in America.

17. There must be proper and adequate staffing of the VA Regional Office in New Jersey and Philadelphia for those case from southern New Jersey assigned to the Philadelphia Regional Office to expedite service and care of New Jersey veterans without reliance on contract personnel. Caring, dedicated individuals with the proper training, improved processes, new technology and real accountability are the most important element in delivery of services to eligible veterans. Returning to a pro-veteran bias as originally set forth in the laws implementing veterans benefits and returning to the benefit-of-the-doubt rule will reduce the backlog of appeals and provide veterans with the benefits to which the are rightfully entitled. Staffing and funding should reflect the debt of gratitude our nation has to those who have served our country with honor and it should signal the enduring commitment to the men and women in uniform today who defend our freedom all around the world.

18. We support the necessary action to continue the authority and adequate funding for the Vietnam Veterans Readjustment Counseling Program to enhance organizational capacity and to deal more effectively with the increased caseload due to the terrorist attacks of September 11, 2001, the war on terrorism and Operation Iraqi Freedom. These events have and will continue to result in an increased caseload for readjustment counseling services. Public Law 106-117, The Veterans Millennium Health Care and Benefits Act, signed into law on November 30, 1999 required the VA to dedicate not less than $15 million to expand and improve specialized mental health services, particularly programs for the treatment of PTSD and substance abuse disorders. Yet in the very year that Congress directed VA to provide this supplemental funding; VA expenditures for substance abuse care actually declined by

more than $11 million. Given the high proportion of VA patients who need treatment for mental health problems (about 20 percent) it is unconscionable that VA mental health care spending has declined by 8 percent over the last five years, a decline which when adjusted for inflation amounts to 23 percent. Additional personnel and funding to provide necessary counseling to all veterans is overdue. It was the VA that developed the finest protocols for identifying and treating PTSD. These achievements should not be forgotten.

As we continue the Global War on Terrorism, incidents resulting in PTSD for the participants will increase substantially. The VA must be in a position financially and with adequate staff to provide treatment accordingly.

19. We must provide adequate funding for programs to address the root causes of homelessness and help veterans. We must release funding to make available transitional housing to give veterans, who want to win their lives back, and escape from the streets; We must increase outreach programs that offer medical care and treatment that fill the serious gaps in services for the homeless men and women who have served our nation; We must encourage a broad cooperation among the departments and agencies of our federal, state, and local governments, private and public sector organizations, community-based experts, and individuals to end homelessness and help veterans regain their lives; and, we must provide comprehensive medical care, mental and psychiatric assistance, vocational training and rehabilitation, employment and family counseling to transform homeless veterans into productive members of society. Further inaction is not acceptable.

20. We continue to support the Montgomery GI Bill, as revised, in perpetuity. Our nation needs to improve Veterans' Education Benefits by:

1) indexing benefits to the average cost of a four-year public college /university educations;
2) transferring MGIB from 10 USC to 38 USC and adjusting benefits proportionally to MGIB and;
3) accelerating benefit delivery for high-cost training/courses;
4) repealing the $1,200 pay reduction for participation in the education benefit;
5) guaranteeing that the educational benefit for the Guard and Reserve be increased proportionally with the active duty benefit and that it be regularly increased in accordance with the active duty benefit.

We also support the authorization to refund contributions to veterans who become ineligible for the Montgomery GI Bill by reason of discharges characterized as "general" or "under honorable conditions". Currently, eligibility is subject to an honorable discharge. Discharges characterized as “under honorable conditions” or “general” do not qualify. We believe that in the case of a discharge that involves minor infractions or deficiency in the performance of duty, the individual should at least be entitled to a full refund of his or her contributions to the program.

Senators Jim Webb (D-VA), Chuck Hagel (R-NE) and Frank Lautenberg (D-NJ) recently joined representatives of the nation’s leading veterans’ organizations to advocate comprehensive educational benefits for post-9/11 veterans in the fiscal year 2009 budget. The groups unveiled their Independent Budget to the Committee on Veterans’ Affairs earlier in the day, advocating a “21st Century GI Bill,” similar to the Webb-Hagel bill (S.22) that enjoys widespread support in Congress.

This is the first time in twenty-two years of presenting an Independent Budget to Congress that the participating veterans’ organizations have advocated a new, comprehensive GI Bill, as opposed to a mere enhancement. The Independent Budget has carried great weight in years past in terms of instructing the Committee on Veterans’ Affairs budget priorities.

Representatives from the Veterans of Foreign Wars (VFW), Iraq and Afghanistan Veterans of America (IAVA), the Disabled American Veterans (DAV), the Paralyzed Veterans of American (PVA), AMVETS, and the Student Veterans of America (SVA) joined the senators at a press conference recently in the Russell Senate Office Building.

“America owes the men and women who make the sacrifices and carry the burdens of war and military service more than just our gratitude,” said Senator Hagel. “Our nation has helped our veterans of every war since World War II. Congress should provide these men and women with modernized and relevant GI education benefits that are worthy of their sacrifices. It is only fair and right that our service members have the educational resources to meet the demands of the 21st century. There can

be no higher priority for America than our soldiers and their families who have given so much to all of us."

The "Post-9/11 Veterans' Educational Assistance Act" (S.22 in the Senate, H.R.2702 in the House) embodies the comprehensive "21st Century" benefits called for in the veterans' independent budget. Under the bill, service members returning from Iraq or Afghanistan could earn up to 36 months of benefits, equivalent to four academic years, which would include payment of tuition, books and fees, as well as a $1,000 a month living stipend for those veterans whose military service qualifies them for the program.

Senator Lautenberg attended college on the G.I. Bill. "We often talk about honoring our veterans and their service. Now it's time to show them," Senator Lautenberg said. "We need to help veterans handle the high costs of tuition, housing, books and more. For veterans of Iraq and Afghanistan , our bill would do just that. Helping those who served our country is not just our responsibility, it's our duty."

In addition to Senators Webb, Hagel and Lautenberg the legislation has been co-sponsored by a total of 32 members of the Senate including Senator Menedez here in N.J. and 92 members of the House of Representatives, (H.R. 2702) including Congressmen Andrews, Ferguson, Lo Biondo, Pallone, Payne, Rothman, Saxton, Sires and Smith from New Jersey.

The Post-9/11 GI Bill has also been endorsed by the Veterans of Foreign Wars (VFW), Vietnam Veterans of America (VVA), the Air Force Sergeants Association (AFSA), the Enlisted Association of the National Guard of the United States (EANGUS), Iraq and Afghanistan Veterans of America (IAVA), and the American Association of Community Colleges (AACC).

"The veterans' community is speaking with one resounding voice," said Eric Hilleman, Veterans of Foreign Wars (VFW) Deputy Director of Legislative Affairs. "Invest in the strength of our national security, our young veterans, their future, and the future leaders of our nation. Supporting the troops is the commitment to care for them when the uniform lies folded in a drawer."

"When President Roosevelt signed the original GI Bill in 1944, he made higher education affordable for eight million veterans," said Paul Rieckhoff, Executive Director of Iraq and Afghanistan Veterans of America (IAVA). "Our country's newest generation of heroes deserves the same opportunity. A World War II-style GI Bill is the cornerstone of IAVA's 2008 Legislative Agenda and we are grateful to Senators Webb and Hagel for their leadership on this critical issue."

"All across the nation thousands of veterans are presented with a choice: struggle to afford your education, or give up and try to find work," said Luke Stalcup, Columbia University student and cofounder of the Student Veterans of America (SVA). "After years of dedicated and dangerous service in Iraq and Afghanistan, veterans must now battle to afford an education upon returning home. Student Veterans of America calls on the members of the 110th Congress to support the '21st Century GI bill' recommended in the Independent Budget and embodied by S.22."

21. There needs to be an improvement of burial benefits. We support an increase in the VA burial and plot allowance to a level reflecting the inflationary impact years of stagnation have had on the allowance. We support the restoration of entitlement to the VA burial allowance for those categories of veterans eliminated under Public Law 97-35. We support the restoration of entitlement to the VA plot allowance to those categories of veterans eliminated under Public Law 101-508. We support the requirement of at least one open national cemetery in every state. We strongly support the end of the practice of indigent veterans' pauper's burial. As a nation, we should be doing all we can do to honor the service and sacrifice of our veterans. Putting an end to pauper's burials is without question a much-needed priority that should be resolved immediately by expanding the eligibility for the plot allowance, by increasing the plot allowance, by increasing the allowance for burial expenses and by enacting legislation to automatically adjust these burial benefits for inflation annually. Pauper's burial of veterans is a national shame and a travesty against their honor. The VA should develop an effective outreach program for medical examiners/coroners that will make sure that the unclaimed remains of veterans are given the respect they have earned. The 2003 VBA Survey of Medical Examiners' And Coroners' Process In Identification Of Unclaimed Remains For Veteran Status has revealed that only 15% of medical examiners and coroners reported that they attempted to verify the

veteran status of identified, unclaimed decedents all of the time during the period from January 1997 to August 2001. Conversely, 75% never made such an attempt. It is important to make sure that every veteran is treated with the respect they have earned in the service of our country. Currently there is no legislative mandate requiring medical examiners or coroners to verify veteran status for each identified, unclaimed decedent.

22. We urge the Congress to amend PL 106-117 to mandate and provide funding for the provision of nursing home care for all veterans. We call upon Congress to bring order to, and expand eligibility for VA health care and provide all veterans with mandated access to the full continuum of VA health care services, which include nursing home care. Public Law 106-117, known as the "Millennium Act," expands VA eligibility for nursing home care to those veterans who are service connected 70% or above or who need nursing home care for their service connected conditions, but will still leave as discretionary, nursing home care for all other veterans. The demand for VA nursing home care is increasing as the veteran population continues to age; and will continue to do so for some time. Access to long-term care can be expected to be an issue that will become more critical as our veteran population ages and on average, we live longer than in previous generations.

The estimated total veteran population was 24,387,000 as of September 30, 2005. This included 8,055,000 Vietnam era veterans, representing the single largest period-of-service component of the veteran population. Gulf War era veterans now comprise the second largest component, numbering 4,378,000. World War II veterans numbered 3,526,000, while Korean conflict veterans totaled 3,257,000. World War I veterans are too few in number to estimate reliably. Veterans serving only in peacetime numbered 6,231,000, about one-in-four veterans.

As of September 30, 2005, the median age of all veterans was 59.3 years. Veterans under age 45 constituted 20 percent of the total, while those aged 45 to 64 represented 41 percent, and those 65 or older were 38 percent of the total.

Female veterans numbered 1,712,000 million, representing 7 percent of the total veteran population. Roughly one-in-five resident U.S. males 18 years of age or older is a veteran.

The veteran population (24.4 million in 2005) is projected to decline to 22.1 million by the year 2010, under currently expected armed forces strength and mortality rates. Veteran deaths are expected to rise from 687,400 in FY 2005 to a peak of 687,600 in FY 2006. The population of veterans aged 65 or older peaked at 10.0 million in 2000. It is projected to decline to 8.9 million in 2010 but rise again to about 9.3 million in 2013 as the Vietnam era cohort ages. The number of veterans aged 85 or older is projected to increase by 31 percent between 2005 and 2010, from 979,800 to nearly 1.3 million.

VA nursing home care units are VA hospital based and provide an intensive and extensive level of nursing home care supported by the clinical specialties and other services within the host hospital. VA nursing home care is considered the "safety net" for VA outpatient services such as Residential Care, Respite Care, Hospital Based Home Care, Adult Day Health Care and Homemaker/Home Health Aid Services and other extended care programs. VA, through their own statements, recognizes the difference in eligibility for nursing home care and inpatient hospital care as inconsistent with the principles of sound medical practice, which support continuity of care for veterans. We urge the VA to open its doors to any needy veteran suffering dementia. Dementia cannot be proven to be service-connected, but, too many veterans in need are being underserved or not served at all because of their dementia.

23. We support legislation to allow lenders to pick appraisers of their choice from the VA's list of approved appraisers. We support the National Association of Mortgage Brokers in their effort to pass legislation designed to expand the list of VA appraisers and allow the lenders to pick an appraiser of their choice from the VA approved list of appraisers. Veterans trying to buy a home are at a competitive disadvantage versus non-veterans due to the current process that is causing the problem called "random select". A small modification to the current law expanding the number of appraisers on the VA approved list and allowing lenders to pick an appraiser of their choice from the VA approved list will eliminate the problem; thereby creating a level playing field for veterans

24. There needs to be an increase in the rates of DIC payable to disabled children of deceased veterans and a cola adjustment for inflation annually. We urge Congress to enact enabling legislation

to increase the rates of Dependency and Indemnity Compensation payable to disabled children of deceased veterans to at least three fourths of the amount payable to the surviving spouse. The amount of Dependency and Indemnity Compensation paid to disabled children of deceased veterans is roughly one third the monthly benefits that a spouse receives; and yet after the veteran's spouse dies, the monthly benefits to the remaining eligible claimants do not increase even though the hardships that disabled children face are increased significantly. Additionally; benefits payments to the disabled survivors have, over the years, become seriously eroded by inflation.

25. We urge that veterans' priority of service be expanded to include any agency or organization, state or federal, that receives federal funding for employment and training, i.e. directly or through federal grants through the states (including the Workforce Investment Act (WIA)). We strongly urge that the Secretary of Labor be directed to bring together the appropriate departments to establish Department of Labor wide policy of veterans priority of service in Employment and Training Programs and the Secretary of Labor must vigorously implement such policy. The Secretary of Labor meet with other Secretaries of the Cabinet to review and establish veterans preference and priority of service in their programs, such as HUD for housing and homeless veterans and their families, etc. to help eliminate social personal, and society barriers related to employment and training to enable veterans to become productive citizens in their communities. We urge Congress to pass legislation that will bar delimiting language on veterans' preference because to limit preference would restrict a lifetime earned benefit. The need for the lifetime preference and priority in employment and training has been historically demonstrated for those most in need; and we strongly oppose any legislation, which seeks to eliminate the Disabled Veterans Outreach Program (DVOP) and the Local Veterans Employment Representatives (LVER) and replace them with a Veterans Case Manager (VCM) and a Veterans Employment Facilitator (VEF) which is a duplicate of an existing programs. We urge that Congress provide sufficient funding to the National Veterans' Training Institute to ensure training of personnel to assist veterans in finding employment in an ever-changing work environment. Veterans preference and priority of service for veterans has been afforded to veterans since the days of our colonies to present day, and these rights have been earned by the sacrifices of men and women who have served in the military service and protected our inalienable rights and nation. Throughout the years veterans preference and priority of services has been challenged, tested, and upheld by the Supreme Court many times, only to be strengthened. The environment, legislation, technology, configuration and funding of employment and training programs has been ever changing, and the Employment Service, under the Wagner-Peysner Act, has the responsibility of providing priority of service to special disabled veterans, disabled veterans, Vietnam veterans, veterans, other eligible and non veterans prior to other applicants. Under Title 38, veterans and other eligible shall be provided maximum opportunities of employment, training, counseling, and other services prior to other applicants, and yet Service Delivery Points as defined by federal regulations are ever changing into One Stop Career Centers or Customer Service Centers, whereby several agencies, i.e., Employment Services, JTPA, Human Services, and other agencies/organizations are co-located and/or electronically linked to provide streamlined and seamless services to their customers with no veterans preference or priority of services to veterans. This is not acceptable.

26. Dental care needs to be included as part of the Veterans uniform benefits package. We urge that Congress authorize and fund VA to provide dental care to all enrolled veterans. In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996; legislation that provided the mechanism for creation of the Veterans Uniform Benefits Package – a standard, enhanced health care benefit plan that offers all enrolled veterans a full continuum of comprehensive health care through the Department of Veterans Affairs. The Veterans Uniform Benefits Package emphasizes preventive and primary care, offering a full range of outpatient and inpatient services to all veterans but neglects to include one of the most needed services for an aging veteran population – dental care.

27. We support legislation such as H.R. 2033, the Medicare Equity and Access Act, (introduced in the 108th Congress on May 8th, 2003). Continued reductions in reimbursements to Medicare providers has contributed to a health care crisis for both beneficiaries and providers in many areas of the country. Ever-increasing numbers of American citizens are finding it more difficult to find a Medicare provider. Doctors are simply cutting back on their participation in Medicare and many are refusing to take new Medicare patients. If Congress fails to address this situation now, our Nation's elderly will be denied access to health care services when they need it most. Because the military TRICARE reimbursement rates are aligned to Medicare's rates, uniformed services beneficiaries are also being adversely

impacted. The rate increases envisioned in H.R. 2033 would have reduced the difficulty both TRICARE and TRICARE For Life (TFL) beneficiaries are experiencing in finding participating providers.

H.R. 2033 would have amended part C (Medicare+Choice) of title XVIII (Medicare) of the Social Security Act to provide for: (1) a two-year increase in the minimum percentage increase used in the calculation of annual Medicare+Choice capitation rates; (2) inclusion in the calculation of Medicare+Choice payment rates of the costs of Department of Defense and Department of Veterans Affairs military facility services to Medicare-eligible beneficiaries; and (3) preemption of duplicative State regulation. This legislation need to be re-introduced, debated and passed by both chambers.

28. The VA must re-institute marketing and outreach programs. Secretary Principi endorsed the termination of the VA's outreach program, which sought to inform eligible veterans of their statutory rights to benefits and services. The Secretary is attempting to lessen the demand upon the VA by cutting off the flow of information to veterans who truly need to have access to the unique services the VA provides. The Secretary's approach of imposed benign ignorance did a disservice to the veterans' community and the VA. The appropriate solution is more funding rather than fewer patients.

29. The National Cemetery Administration must ensure that burial in a national or state veterans cemetery is an available option for all veterans and their family members and must provide a dignified setting with perpetual care to honor veterans and exhibit evidence of the nation's gratitude for their military service.

Congress must provide adequate resources to ensure that the NCA remains a world-class, quality operation to honor veterans and recognize their contribution and service to the nation.

Congress should substantially increase the plot allowance from the current $300 and expand the eligibility for the plot allowance to all veterans who would be eligible for burial in a national cemetery, not just those who served during wartime.

Congress must provide adequate resources to ensure that the NCA can construct new national cemeteries for the interment of veterans and maintain and renovate existing facilities.

The NCA must also identify sites for the addition of national cemeteries in areas that remain unserved.

Congress should establish a program similar to the NCA's State Cemetery Grants Program (SCGP) to provide funding for the establishment, expansion or improvement of county-operated veterans cemeteries.

Since 1980, NCA's State Cemetery Grants Program has obligated more than $245 million to 34 states and Guam for the establishment, expansion or improvement of 65 state veterans cemeteries. In fiscal year 2005, NCA supported state cemeteries provided more than 20,000 interments.

Active Duty Military Quality of Life Issues:

1. Increase the annual pay of armed forces members to equal that of their civilian counterparts.

2. Provide increased funding for military housing.

3. Insure prompt and proper payment for our service personnel. The inadequate and antiquated payroll system currently in use for our National Guard and Reserve troops is insufficient to provide fair and timely compensation for those who are protecting our freedoms far from home. It is unacceptable that American soldiers from the National Guard and Reserves, who have been sent to serve in the distant battlefields of Iraq and Afghanistan, have to face the additional burden of securing their pay and other compensation to which they are entitled.

4. Support the National Guard and Reserve. The National Guard and Reserve are now a major component of the war on terror and Iraqi Freedom. Estimates are that after the upcoming rotation, the Reserve component will comprise 40 percent of the troops in Iraq. Members of the Reserve and National Guard have been supporting our country in huge numbers since 1990 (Gulf War). However, the Reserve Component retirement system was last changed in 1947. When the Reserve retirement

system was created in 1947, the retirement age for Reservists was identical to the age for civilian government employees (age 60), but civilians can retire at age 55 and reservists must wait until age 60. According to the Department of Defense, there are 195,300 personnel activated from the Reserve and National Guard.

In the interests of fairness, Congress must act to restore parity between the retirement age for civilian Federal employees and their Reserve counterparts. When the Reserve retirement system was created in 1947, the retirement age for Reservists was identical to the age for civilian employees. At age 60, reservists and government employees could hang up their uniforms and retire with full benefits. However, since 1947, the retirement age for civilian retirees has been lowered by 5 years, while the Reserve retirement age has not changed.

The disparate treatment of Federal employees and Reservists would have been serious enough had the nature of the work performed by the Reserves not changed substantially over the past five decades. But America has never placed greater demands on its ready Reserve than it does now. Almost 200,000 reservists are serving their country in the war against terrorism at home, abroad, and in the conflict with Iraq. America's dependence on our ready reserve has never been more obvious, as reservists are now providing security at our Nation's airports and air patrols over our major cities. As Charles Cragin, the Deputy Assistant Secretary of Defense, noted over a year ago; ``The nature and purpose of Reserve service has changed since the end of the cold war. They are no longer weekend warriors. They represent almost 50 percent of the total force.''

With call-ups that last 12 months or longer and take Reservists far from home, serving the Nation as a Reservist has taken on more of the trappings of active duty service than ever before. The Iraq conflict has only further underscored the demands placed on the National Guard and Reserve. Before the war on terrorism began, reservists were performing about 13 million man-days each year, more than a 10-fold increase over the one million man-days per year the Reserves averaged just 10 years ago. These statistics, the latest numbers available, do not even reflect the thousands of Reservists who have been deployed since September 11 nor do they take into account the number of Reservists who have been deployed in the current military action against Iraq. There is little doubt there was a dramatic increase in the number of man-days for 2003, 2004 and 2005; and the same will apply for 2006.

The Commission on the National Guard and Reserves issued its final report on January 31st, 2008.The Commission concluded that there is no reasonable alternative to the nation's continued increased reliance on reserve components as part of its operational force for missions at home and abroad. However, the Commission also concluded that this change from their Cold War posture necessitates fundamental reforms to reserve components' homeland roles and missions, personnel management systems, equipping and training policies, policies affecting families and employers, and the organizations and structures used to manage the reserves. These reforms are essential to ensure that this operational reserve is feasible in the short term while sustainable over the long term. In fact, the future of the all-volunteer force depends for its success on policymakers' undertaking needed reforms to ensure that the reserve components are ready, capable, and available for both operational and strategic purposes.

In reviewing the past several decades of intense use of the reserve components, most notably as an integral part of operations in Iraq, Afghanistan, and the homeland, the Commission found indisputable and overwhelming evidence of the need for policymakers and the military to break with outdated policies and processes and implement fundamental, thorough reforms in these areas. We agree with their findings and recommendations.

5. Provide adequate manpower, training and equipment for all forces in Iraq, Afghanistan and other fronts in the war on terror. Continued shortfalls in manpower, equipment, training and other necessary resources are inexcusable. All members of our Armed Forces, including Guard and Reserve members should be treated as equal partners in America's total force structure, equipped with all the assets necessary to perform their mission. Force protection must be viewed as more than simply equipment, it must also includes realistic training and evolving techniques, tactics and procedures.

The long delays in providing personnel with adequate protection in the form of state-of-the-art body armor and up-armored vehicles is inexcusable for a Nation with the capabilities, talent and skills

required to manufacture such goods. Our valiant servicemen and women deserve the support of our industrial might.

WE URGE THE FOLLOWING:

a) The continued opportunity for veterans' service groups to present testimony regarding a wide range of legislative priorities before a joint session of the House and Senate Veterans' Affairs Committees. The overhaul of legislative hearings announced by the past chairman of the House Veterans' Affairs Committee, Rep. Buyer, seemed deliberately designed to marginalize the influence of the nation's veterans on funding levels for the Department of Veterans Affairs and other important public policy issues affecting veterans.

   Previously, then Committee Chairman Steve Buyer (R-Ind.) decided to end a 50 plus year-long tradition that provided veterans groups the opportunity to present testimony regarding a wide range of legislative priorities before a joint session of the House and Senate Veterans' Affairs Committees. Numerous veterans service organizations tried, unsuccessfully, to get Rep. Buyer to reinstate those joint hearings, which were viewed as an invaluable tool in formulating public policy toward America's veterans. Last session's new schedule of hearings and their format have been proved to be even more disappointing to veterans.

   The first of those hearings was scheduled for February 8, just two days after the anticipated release of the President's budget proposal for fiscal year 2007 on February 6, and copies of written testimony from veterans' service organizations was required to be submitted to the Committee by noon that very day. The Chairman also had imposed a three-minute limit on oral remarks by representatives from veteran' organizations; each of which can invite no more than five persons in the audience.

   Both the timing of the hearings and the absurdity of a three-minute limit for oral remarks make it all too clear that Chairman Buyer was not interested in a meaningful dialogue with the veterans' community.

   Apparently the Chairman expected veterans' service organizations to analyze and comment on the President's budget request before it is even made public. It is quite apparent that it was his intent to blunt criticism and suppress diverse points of view regarding funding levels and policy initiatives in the President's budget.

   The revised schedule for hearings and the change in format amounted to a slap in the face of individual veterans as well as the groups that represent them in the public policy arena. Chairman Buyer obviously slammed the door in the face of America's veterans. Veterans' service organizations have, during the last five decades, presented invaluable testimony to Congress. Twenty years ago they joined forces to develop and present a more realistic assessment of the resource requirements for veterans' programs. They committed themselves to follow an objective and responsible approach producing a budget for veterans' programs that was "independent" of the political motivation and influences that too often shortchanged veterans. Over the years since that first independent budget, many public interest groups involved in veterans' issues have joined to endorse the recommendations. This year the four organizations—AMVETS, the Disabled American Veterans, the Paralyzed Veterans of America, and the Veterans of Foreign Wars of the United States for the 20th consecutive year have presented the comprehensive independent budget and policy document for veterans' programs, known as *The Independent Budget*.

   The ever-increasing competition for funding of federal programs has made the role of a strong and united voice of advocacy on behalf of veterans all the more critical to ensure that our government's promise to our veterans is kept. Faced with recurring administration budgets that have requested inadequate resources for veterans' programs and recognizing that responding reactively to these budget recommendations is not and has not been effective, veterans' service organizations have endeavored to develop a more proactive approach to the annual budget process. The changes imposed by Chairman Buyer rendered that effort impossible. The absolute disservice to the veteran community by these actions can not be adequately measured. Restoration and now continuation of the hearings as were held for over 50 previous years is fundamental to ensuring the needs of our veterans get heard by Congress.

b) Continued top priority for outpatient treatment for any veteran in need of such care for a service-connected disability to ensure the quality of care is maintained.

c) Preservation of the independence of the VA Medical Centers and that their programs be maintained and continually improved. We oppose the closing of any VA Hospital where such closing would adversely affect the delivery of medical services to our veterans. There is a legitimate need for the VA to manage its resources consistent with the latest knowledge and techniques of healthcare. However, there are expectations that some hospitals will be closed, simply because the VA will not permit two hospitals in any locality such as in Chicago, Detroit, Boston, and New York. The higher concentration of older veterans during the summer months in the north and during the winter in the south and the greater the need for inpatient care which is in part the result of the need for treatment for Alzheimer's disease and dementia cases, belies the approach now being proffered by the VA. Moreover, the example of military base closings reflects a tendency for political considerations to rise above economic considerations in determining which facilities will be closed.

d) Continuation of the programs for vocational rehabilitation benefits for service-connected disabled veterans in need of such training;

e) Preservation of concurrent payments of VA and Social Security burial allowances and restoration of VA Burial Benefits to all veterans;

f) Service-connected death benefits for eligible survivors of deceased veterans whom, at the time of death, were permanently or totally disabled;

g) Veteran's disability entitlement shall not be deducted from the earned military retirement pension of any veteran. Great strides have been made in this area over the past two years, however many veterans are forced to endure a ten-year phase in of their benefits and many veterans see no change whatsoever. This is unacceptable.

h) Continuation of a realistic COLA increase in VA disability compensation rates that would bring the standard of living of service-connected disabled veterans more in line with that enjoyed by their able-bodied contemporaries;

i) Maintain the accountability of the Department of Veterans Affairs to Congress in matters concerning adjustments in the Rating Schedule, in construction and in case of the planned closing of VA medical centers or regional offices.

j) Congress to continue legislation permitting veterans to receive realistic travel allowances to VA regional offices, medical centers, and our state-run veterans' facilities.

k) Creation of a National Institute of Veterans Health within the National Institute of Health.

l) Oppose Integration of VA – DoD Facilities and Health Care Systems. We strongly support closer DoD – VA collaboration and planning, including billing, accounting, IT systems, and patient records, but not total integration of facilities or VA/DoD health care systems.

m) Enact legislation to test VA Medicare Subvention. Forty percent of enrolled veterans are Medicare eligible. VA Medicare Subvention may enhance older, non-disabled veteran's access to VA health care and potentially save the government money by reducing duplicate spending for same services (in Medicare HMOs and VA facilities). We support testing VA Subvention.

n) Establish a Survivors Office within the VA headquarters solely to oversee survivors' issues.

o) Establish a Women Veterans Health Program office in VA.

p) Establish Women Veteran Coordinator positions at each VA Medical Center and Regional Office and at the VISN level.

q) Improve Education Benefits for Survivors and Dependents. Continue to make improvements in Chapter 35 provisions for education benefits to DIC widows and children in tandem with changes in the MGIB.

r) We urge the continued use and expanded use of information and telecommunications technologies to deliver care when patient and practitioner are separated by distance and/or time. In July 2003, VA instituted a national program to extend care and case management using home tele-health to provide a flexible approach to non-institutional care. VA is currently providing home telehealth care to 5,800 patients in all 21 Veterans Integrated Service Networks (VISNs). As of June 2005, VA has tele-mental health activities taking place in 228 sites-120 community-based outpatient clinics (CBOCs), 74 VAMCs, 20 vet centers and 14 home tele-health programs.

   The most prominent area of need that is driving telemedicine technology in VA today is its application in home health care. VA's active programs have demonstrated that they can work, and that they can be used beneficially from both clinical and economic standpoints. Considering the geographic shift in the veteran population, and in the population as a whole, veterans are moving to areas that are less expensive to live in and are often remote from VA's large fixed hospitals.

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