

Testimony of Vietnam Veterans of America



Presented by

**Rick Weidman
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Before the

**House Veterans' Affairs Committee
Subcommittee on Health**

Regarding

**H.R. 93, H.R. 501, H.R. 1063, H.R. 1066, H.R. 1943, H.R. 1972,
H.R. 2147, H.R. 2225, H.R. 2327 and Draft bill to make improvements
in VA's Health Professional Educational Assistance Program (HPEAP)**

September 26, 2017

Good morning, Chairman Wenstrup and other distinguished members of the subcommittee. Vietnam Veterans of America (VVA) is pleased to have the opportunity to appear here today to share our views concerning pending legislation before this subcommittee.

H.R.501 - VA Transparency Enhancement Act of 2017, introduced by Congresswoman Debbie Dingell, (D-MI-12). This bill requires increased reporting regarding certain surgeries scheduled at medical facilities of the Department of Veterans Affairs.

We have no objections to this bill.

H.R.93 - Introduced by Congresswoman Julia Brownley, (D-CA-26), would provide for increased access to VA medical care for women veterans.

VVA has always championed quality health care for women veterans. We continue our advocacy to secure appropriate facilities and resources for the diagnosis, care, and treatment of women veterans throughout the health care system. While the Department has made many improvements and advancements over the past several years, some concerns remain. Specifically, every woman veteran should have access to a VA primary care provider who meets all her primary care needs, including gender-specific care.

We support Ms. Brownley's bill as it addresses the need for such gender-specific services at every VA Medical Center and Community-Based Outpatient Clinic.

H.R.1063 - Veteran Prescription Continuity Act, introduced by Congressman Beto O'Rourke (D-TX-16). This bill would ensure that an individual who is transitioning from receiving medical treatment furnished by the Department of Defense to medical treatment at a VA facility receives a "seamless transition" of the pharmaceutical agents provided by DoD yet may not be on the VA drug formulary.

The transition process is not necessarily as robust as it should be. While VA and the DoD have collaborated for many years to improve the transitioning process, gaps still remain, and too many veterans still fall through the

bureaucratic cracks. Oftentimes we hear of veterans who have transitioned from the military health care system to the VA health care system, not receiving the same medications, a situation very much the case with mental health drugs. We believe that every measure should be taken to ensure veterans have a safe, transparent, and hassle-free transition.

VVA supports enactment of this bill.

H.R.1066 - VA Management Alignment Act of 2017, introduced by Congressman Derek Kilmer (D-WA-6), which would direct the Secretary of Veterans Affairs to submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report regarding the organizational structure of the Department of Veterans Affairs.

VA's organizational structure seems to undergo changes whenever there is a change in leadership. This often leads to unnecessary confusion, as well as questions as to who has responsibility and accountability for a given task or program. Numerous studies and reports on what an effective organizational structure might look like have been developed, yet they wind up languishing on the shelf and forgotten. Mr. Kilmer's bill directs the VA to utilize the results of several recent reports to accomplish a restructuring and management realignment. We believe this process should be as transparent as possible.

VVA supports this bill.

H.R.1943 – Restoring Maximum Mobility to Our Nation's Veterans Act of 2017, introduced by Congressman Steve King, (R-IA-4), would require the Secretary of Veterans Affairs to ensure that each wheelchair furnished to a veteran because of a service-connected disability restores the maximum achievable mobility in the activities of daily life, employment, and recreation.

Restoring independence and mobility to a severely injured person speeds his/her recovery mentally as well as physically. The Department has many professional occupational and recreational therapists who assist veterans every day to bring them closer to achieving those goals. In fact, the Department has an adaptive sports program that is very popular with the veteran community. In 2017 there were six events for veterans to participate

in. Similarly, DoD hosts the Wounded Warrior Games, and veterans can participate in the Invictus Games and Paralympics.

This bill would authorize the Secretary to furnish a wheelchair to a veteran because the wheelchair restores an ability that relates exclusively to participation in a recreational activity.

VVA supports this bill.

H.R.1972 – VA Billing Accountability Act, introduced by Congressman Lloyd Smucker (R-PA-16), would authorize the VA Secretary to waive the requirement that certain veterans make copayments for hospital care and medical services in the case of an error by the Department.

The VA has a history of billing problems. Veterans should not be held responsible for making a payment due to the fault of the Department. VVA supports the opportunity for veterans to apply for a waiver or establish a payment plan for the purposes of paying copayments as laid out in the legislation.

VVA has no objection to this bill.

H.R. 2147 - Veterans Treatment Court Improvement Act of 2017, introduced by Congressman Mike Coffman (R-CO-6), would require the Secretary of Veterans Affairs to hire 50 additional Veterans Justice Outreach specialists to assist justice-involved veterans.

Today there are more than 360 Veterans Treatment Courts in jurisdictions across the country, with scores more in various stages of planning and implementation. The role of VJOs is critical to the effective functioning of these courts. So, too, are VJOs key in assisting veterans incarcerated in jails as well as prisons, arranging for services and health care upon their release from confinement, providing invaluable aid in helping eligible veterans find housing and employment.

While it is a chronic complaint among many in government that they are overworked, the reality is that the VA's VJOs are spread really thin, considering all the treatment courts and correctional facilities where their services are vitally needed. Considering that Mr. Coffman's bill would

appropriate \$5,500,000 to hire additional VJOs not only for FY'17 but for the next nine federal fiscal years as well, enactment of this bill is certainly a step in the proverbial right direction. It is also in essence companion legislation to Senator Jeff Flake's S. 946.

VVA applauds Congressman Coffman for introducing this legislation.

H.R. 2225 - Veterans Dog Training Therapy Act, introduced by Congressman Steve Stivers (R-OH-15), would direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy.

VVA has always recognized the importance of guide dogs trained to assist visually impaired veterans and service dogs trained to assist hearing impaired veterans or veterans with a spinal cord injury or dysfunction or other chronic impairment that substantially limits mobility.

Recognizing the expansion of alternative treatments for mental health issues, Congress gave VA the authority in 2009 to provide service dogs for the aid of veterans with mental illness. However, we would like to emphasize that instead of a pilot program, or in conjunction with the pilot program, what is really needed for dog therapy and other alternative treatments is evidence-based epidemiological research studies that would determine the efficacy of a certain treatment. Currently, research is scarce on these types of treatments and a well-designed study conducted by professionals could be used to inform treatment protocols that are validated through such research.

Still, VVA has no objection to the bill.

H.R. 2327 – PAWS Act of 2017, introduced by Congressman Ron DeSantis (R-FL-6th). This bill would direct the VA Secretary to make grants to eligible organizations to provide service dogs to veterans with severe PTSD.

While our comments regarding H.R. 2225 apply as well to this bill, we must object, however, to the offset in this bill that would take \$10 million from the Office of Human Resources and Administration. It is widely known that VA's HR office is understaffed and in need of training. They can hardly afford to have that funding taken away from them. It has been our long-standing argument that you do not take funding from one program for

veterans to fund another: you do not rob Peter to pay Paul. If Congress cannot provide for the funding for PAWS, VVA cannot support its enactment.

Draft bill: introduced by Congressman John Rutherford (R-FL-4), to make improvements in the VA's Health Professional Educational Assistance Program (HPEAP).

Section 2 of this bill would authorize the Secretary to award no less than 50 scholarships to individuals who are enrolled in a program to become a physician or dentist until the staffing shortage of physicians and dentists in the Department is less than 500. In return, the participant agrees to serve in the Veterans Health Administration as a full-time employee. It further extends HPEAP to December 31, 2033.

Section 3 establishes the Specialty Education Loan Repayment Program. In general, to be eligible an individual must have recently graduated from an accredited medical or osteopathic school and matched to a residency program in a certain medical specialty described in title 38, owe money, and be a physician in training. In return, the participant incurs an obligation to serve for a specified number of years as a full-time clinical practice employee of VHA. The Secretary may give preference to veteran applicants.

This legislation also authorizes the establishment of a pilot program in which the VA funds the medical education of 10 eligible veterans enrolled in the Teague-Cranston medical schools. The veterans must have been discharged under honorable conditions in order to be eligible for this program. In return, the veteran agrees to serve as a full-time clinical practice employee in the VHA for four years.

VVA is well aware of the shortages in clinical staff throughout the VA health system. This is a good first step in trying to alleviate that shortage. However, this will take some time to implement and offers no immediate succor for an increasingly serious staffing situation.

Also, we believe the VA would be well-served if they opened the doors of service to veterans with an administratively rendered OTH discharge. If a "veteran" is defined as one who is discharged under *other than dishonorable*

conditions, then OTH vets should not be excluded from this program unless they were discharged for medical malpractice, crimes involving patients, or other reasons that call into question their integrity and hence, their ability to be the type of employee valued by the VA and the veterans it serves.

The VHA – and Congress – must come to grips with the underlying causes of the so-called access scandal that rocked the VA in 2014 (even though the practice that was called into question had been going on for decades): the serious shortage of qualified medical personnel willing and able to work for the VA, and making less money than they might otherwise earn in private practice. If a veteran with “bad paper” goes on to a career in medicine and is otherwise qualified, s/he should be granted the opportunity to participate in this program.

VVA thanks you for this opportunity to present our views here today. We will be pleased to respond to any questions you might care to put to us.

**VIETNAM VETERANS OF AMERICA
Funding Statement
September 26, 2017**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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Richard F. “Rick” Weidman is Executive Director for Policy and Government Affairs on the National Staff of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23rd Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, serving variously as Membership Service Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of Governor Mario M. Cuomo as statewide director of veterans' employment & training (State Veterans Programs Administrator) for the New York State Department of Labor.

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readjustment Advisory Committee, the Secretary of Labor's Advisory Committee on Veterans Employment & Training, the President's Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on Veterans' Entrepreneurship at the Small Business Administration, and numerous other advocacy posts. He currently serves as Chairman of the Task Force for Veterans' Entrepreneurship, which has become the principal collective voice for veteran and disabled veteran small-business owners. In 2002 he was named as one of the most effective small business advocates in Washington by INC. magazine.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., 1967), and did graduate study at the University of Vermont.

He is married and has four children.