

Issues of Immediate Concern to the Vietnam Veterans of America New Jersey State Council

GAINING THE FULLEST POSSIBLE ACCOUNTING

Congress must ensure the U.S. Government remains committed to pursuing the American POW/MIA issue until the fullest possible accounting of our missing service personnel has been achieved and that our government keeps the POW/MIA issue fully funded and elevated as a national priority.

WOMEN VETERANS AND SERVICEMEMBERS

VA must address the challenges and obstacles to providing health care for women.

Women veterans are the fastest growing segment of the veteran population.

Eighty-five percent of the new women veteran population are under age 40 and are of childbearing age.

Congress must ensure that VA and DoD are readily equipped with the necessary personnel, gender appropriate facilities, one-visit models of care, equal uniformed availability and access to care as their male counterparts.

Congress must ensure that female veterans can receive the full spectrum of primary and preventative care services in one visit, rather than scheduling multiple visits to receive the same gender-specific care.

EDUCATION AND JOBS

According to Department of Defense estimates, an average of 160,000 service members transition out of their respective military branches and return to civilian life each year, a number not seen since the end of World War II.

Unemployment and homelessness are plaguing our entire veterans' community; in particular our OIF/OEF veteran community according to VA and Pentagon data.

Congress must insist that every federal agency lead the way in ensuring equity in opportunity for today's veterans.

Congress must support the VA and the Small Business Administration efforts to expose ineligible firms awarded contracts under the Service-Disabled Veteran-Owned Small Business (SDVOSB) program.

Congress must enact legislation that would prosecute firms found abusing the SDVOSB program.

The DOD and VA must ensure that service members have a seamless transition from military to civilian life.

Congress must continue its oversight of the completion of a fully interoperable health information-sharing system between the DOD and VA.

Congress must continue its oversight of DOD actions to resolve existing weaknesses in administering the post-deployment health reassessment.

The DOD and VA must develop a clear plan of rehabilitation for severely injured

service members and veterans receiving care and must receive the necessary resources to accomplish these goals.

ADDRESSING THE LEGACY OF TOXIC EXPOSURES

The VVA NJSC calls for the following:

Establishment of a veteran's military/medical health history as a mandatory piece of the electronic patient medical treatment system being developed by DoD and VA;

Establishment of a database registry within the Veterans Health Administration modeled on the VA's Hepatitis C Registry, to be established for veterans exposed to Agent Orange/ dioxin that would replace the current registry; similar registries shall be established for the Persian Gulf War, Operations Iraqi Freedom/New Dawn and Enduring Freedom, the Global War on Terror, and other significant deployments, e.g., Bosnia, Somalia, the Philippines; and for any duty station in CONUS, e.g., Camp Lejeune, Air Base El Toro, or overseas military installation, e.g. Guam, Okinawa, potentially contaminated by toxic substances;

Establishment of a national Center for the Treatment and Research of Health Conditions suffered by the Progeny of Veterans Exposed to Toxic Substances during their military service;

Establishment of an Advisory Committee to oversee the work done at the

Center, and to advise the Secretaries of Health and Human Services and Veterans Affairs on issues related to the research, care, and treatment as well as the benefits and services needed by the progeny of veterans exposed to toxic substances during their military service;

Establishment of an Office of Extramural Research, the focus of which shall be on environmental studies of toxic exposures and other hazards experienced by troops during their service in the United States military, funded on its own dedicated budget line, by the Secretary of Veterans Affairs;

Establishment of an Extramural Research Advisory Council to advise the Secretary of Veterans Affairs and the Director of Extramural Research on guidelines for research proposals, and to weigh the evidence of various epidemiological studies on the health effects of toxic exposures on veterans and their progeny; and

Establishment of a coordinated, ongoing, national outreach and education campaign using such means as direct mail, on-line media, social media, and traditional media to communicate information about such exposures and health conditions, as well as the existence of the National Center to all eligible U.S military veterans and their families affected by incidents of toxic exposures.

FIXING THE VA

VVA NJSC supports the continuation of the Veterans Benefit Administration efforts to revamp the overburdened compensation and pension system, integrating the fruits of several IT pilot projects that have shown exceptional promise, along with competency-based testing of service representatives and VA adjudicators and a still-evolving array of necessary reforms.

VVA NJSC maintains that measures to ensure accountability must be essential elements in funding the VA. Management audits and assessments must be a component of annual performance reviews that are clear, specific, and success-oriented. Key to achieving this is to significantly overhaul the system of bonuses for Senior Executive Staff so that bonuses would reward only those who have taken that extra measure to ensure that what they are responsible for is a job well done, on time and within budget; and for those who innovate and improve the systems and projects under their auspices. Bonuses should be withheld from those who just do their job. Those who perform poorly need to be reassigned or removed as appropriate; and any manager or supervisor who gets caught lying to a veteran, to their supervisor, or to a Member of Congress should be dismissed. Bonuses should be given with a caveat attached: If you accept the bonus, you agree to stay with the VA for a given period of time, and not just take the money and run.

Congress passed the Caregivers and Veterans Omnibus Health Services Act of 2010 to assist family caregivers of catastrophically wounded or injured

warriors after 9/11.

We call on Congress to extend the program to embrace family caregivers of veterans of combat that preceded 9/11; recognizing caregivers who have given up careers to spend their lives caring for a beloved brother or husband, father, or son, mother, wife, daughter or sister, whose wounds or injuries have demanded constant attention so that s/he could live in a home setting thus eliminating what is very clearly a gross inequity.

It has become apparent that either the regulations that govern the operation of the VA's Center for Veterans' Entrepreneurship are fundamentally flawed or that the adjudication process is out of control and not being properly managed; resulting in thousands of veteran and service-disabled veteran small business owners to be deprived of millions of dollars in contracting opportunities after having been given a bureaucratic runaround and then been told that they are not, in fact, a legitimate veteran- or disabled veteran-owned entity.

VVA NJSC seeks a verification process that is reasonable but not intrusive. We value the integrity of this program. We want to ensure that non-veterans do not get verified at the expense of real disabled veterans. If there are non-veterans already in the program, they need to be identified, apprehended, arrested, prosecuted and, if found guilty, fined; and if a judge determines justice demands, sentenced to time in prison. Currently, non-veterans are not being caught, while legitimate veteran-owned businesses are being destroyed.

ADDRESSING THE NEED FOR MORE LOCALIZED CARE OPTIONS

By virtue of where they live, not all veterans have equal access to VA comprehensive health care and other programs provided by VA.

As the VA expands its healthcare facilities, it needs to consider moving to where the services are needed, rather than continuing to add on to existing facilities that are remote from the veterans being served.

The greatest barrier to quality health care for many veterans is distance.

There needs to be real accountability in the management of the Veterans Health Administration. With Advance Appropriations now law for the VHA's medical accounts, there can be no excuses as to why a VA medical center or community based outpatient facility fails to hire the staff it needs as it enters a new fiscal year, or why it denies the purchase of a required equipment to provide 21st Century care to the veteran community. Equipment upgrades, required staffing, improved and additional services should not be held hostage to a budget process that is completed a year in advance.

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**“WE’RE LEADING THE
CHALLENGE TO MAKE A
DIFFERENCE.”**

Dennis Beauregard
President

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